

EXHIBIT 5a

PART 5



Patient Discharge Instructions

Date 4/27/05

Address:

V04546554 M 08/18/61 43
 MOSHIER, DONALD
 Graham, Nathaniel MD
 M000226525 4EAST 446A-1

Diet low fatActivity No heavy lifting

Medication Sheet Given

Medications: Acidoph. 11.5 one tablet w/ th mealsResume prior medications

Special Instructions

Patient Education Materials distributed and explained:

Pneumococcal / Influenza Vaccine	Ordered <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manufacturer _____
Lot _____	
Follow Up: Please see your physician	Please make an appointment

The above instructions were explained to me. I have received medication sheets and prescriptions, if applicable. I have received a copy of the discharge instructions sheet and have no further questions.

Moshier
 10924-052
 10/24/05



Signature of Patient or Responsible Other



000275

Signature of Discharging Nurse



469

White - Patient

Yellow - Medical Records

Pink - Physician



H. BEAM, MD

6000-469 9/03

Kane Community Hospital; Kane, PA 16735 (814) 837-8585
PATIENT DISCHARGE INSTRUCTIONS

1. Diagnoses:

*Doctor, please place an "N" in the fill box that corresponds with medications you don't want the pharmacist to fill.
Not valid for Schedule II Controlled Drugs. DEA number _____ (if CIII-V)

3. Diet:

EGD 0 4/15/05

Driving

4. Activity:

Cardiac w/u (-)

Follow-up visit Dr

5. Special I

Cardiac w/u (-)
CT scan chest pending report
functions: (meds, dressing changes, wound care)

Follow-up

days/months

5. Special Instructions: (meds, dressing changes, wound care, etc)

6. Lab/X-ray/etc:

Echocardiogram at De Arellano office 837-9750 for appt

7. Health Care Referrals:

Start test KET as outpatient + Cardiac Lab to

8. Discharge with Home Health: yes no PT OT Speech Other

If you are experiencing problems (anything abnormal or of unusual concern to you) in any of the above areas, contact your physician. If your physician is unavailable, go to the Emergency Room.

Patient/Representative Signature

Date

Instructions given by:

Date

Physician's signature

Date

Patient/caregiver verbalizes understanding: yes no

Reviewed by D. Olson, MD

Date: 4/18/15

REVIEWED BY

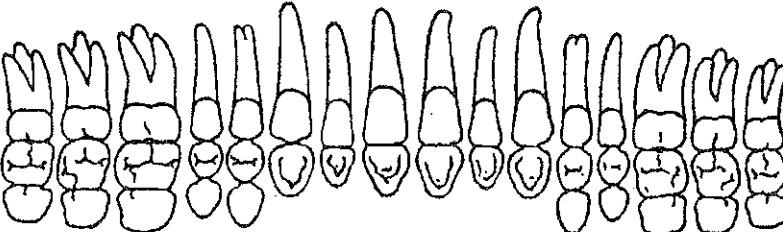
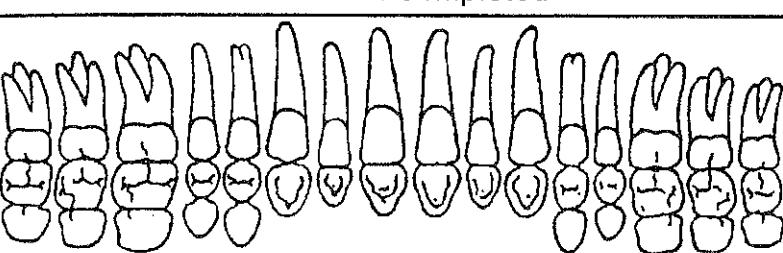
Lee
4/18/05

H. BEAM, MD
ECCLINE

BP-618.060 CLINICAL DENTAL RECORDS CDFRM
MAR 02

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: <input type="checkbox"/> Screening <input type="checkbox"/> Comprehensive <input type="checkbox"/> Periodic																Occlusion																																						
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Patient Name Moshier JR, Donald 10924 052																																																						

FBI/DOJ
CLINICAL DENTAL RECORDS
MAR 02 2002

000277

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
1-13-06 1210	18	<p>PT seen today w/o benefit of medical record.</p> <p>S: Constant TA, LLQ, x 2 mos</p> <p>O: no swelling in LLQ. #18 peric+.</p> <p>A: Acute PA abscess? Irreduc.</p> <p>P: Pulpalgia #18. MTR</p> <p>P: Prepared consent signed.</p> <p>Mand Block 1/8cc 0.5% Macaaine 1/100,000 epi. 1.8cc 2% Lido 1/100,000 epi.</p> <p>Ext #18. Hemostasis. Pat 6.</p> <p>OTC analgesic for pain.</p> <p><u>AS</u></p>

000278

BP-A787.060

MAY 03

DENTAL/MEDICAL HEALTH HISTORY

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Language template provided in Spanish

, or

1. Are you currently taking any medication? If so, what? <u>NADROXEN, Lamictal, Doseordolinc</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? <u>Rice OM</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been under the care of a physician during the past two years? If so, what?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been hospitalized in the past two years? If so, what?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have or have you ever had a heart murmur or been treated for a heart condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Have you ever been treated for a tumor, growth, or cancer? <u>Not yet</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7. Have you ever had excessive or prolonged bleeding as result of a medical condition or medication (ex. Hemophilia or blood thinners)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have a latex allergy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9. Do you currently use tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. WOMEN ONLY: Are you pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check any of the following that you have had:

- | | | |
|---|---|--|
| <input type="checkbox"/> Congenital heart defects | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy or seizures |
| <input type="checkbox"/> Heart attack or heart problems | <input type="checkbox"/> Artificial heart valve | <input checked="" type="checkbox"/> Diabetes |
| <input type="checkbox"/> Stroke | <input checked="" type="checkbox"/> Hepatitis (<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C) | <input type="checkbox"/> AIDS or HIV infection |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Any type of transplant | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Steroid treatment | <input type="checkbox"/> Tuberculosis (TB) |
| <input checked="" type="checkbox"/> Anemia (blood problems) | <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Psychiatric treatment |
| <input type="checkbox"/> Thyroid problems | <input type="checkbox"/> Angina | <input type="checkbox"/> Artificial joint |
| <input type="checkbox"/> Chronic bronchitis | <input checked="" type="checkbox"/> High blood pressure | <input type="checkbox"/> Radiation therapy |
| <input type="checkbox"/> STD (syphilis, gonorrhea, herpes) | <input type="checkbox"/> Heart pacemaker | <input checked="" type="checkbox"/> Asthma |
| <input type="checkbox"/> Angio edema | <input type="checkbox"/> Glucose - 6 - phosphate dehydrogenase deficiency | |

Do you have any disease, condition, or problem not listed? _____

Check any of the following that you have had or applies to you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Sensitive teeth | <input type="checkbox"/> Unusual sounds while eating | <input type="checkbox"/> Burning tongue |
| <input type="checkbox"/> Bleeding gums | <input checked="" type="checkbox"/> Snoring | <input type="checkbox"/> Bad breath |
| <input type="checkbox"/> Food impaction | <input type="checkbox"/> Blisters on lips or mouth | <input type="checkbox"/> Decayed teeth |
| <input checked="" type="checkbox"/> Pain around ear | <input type="checkbox"/> Clenching or grinding | <input type="checkbox"/> Loose teeth |
| <input checked="" type="checkbox"/> Tooth acho | <input type="checkbox"/> Tooth ache | <input type="checkbox"/> Wear dentures |
| <input type="checkbox"/> Wear partial dentures | <input type="checkbox"/> Swelling or lumps in mouth/throat | |

Printed Name: <u>Donald L. WASHICK JR</u>	Signature: <u>Donald L. Washick Jr.</u>
Reg. No.: <u>109241-952</u>	Institution: <u>FSP</u>
Date: <u>1/13/96</u>	Updated:

(This form may be replicated via WP)

BP-A805.060
SEP 03

INFORMED CONSENT FOR ORAL AND MAXILLOFACIAL SURGERY

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONSExplained in: (check one) English Spanish Other _____ (specific language)Alternative to surgery: *g*

I understand that if this procedure is not performed my condition may worsen resulting in complications including but not limited to:

1. Infection
2. Pain
3. Health complications beyond the present problem.

Possible complications which have been explained to me:

1. Pain
2. Dry socket (alveolitis)
3. Infection
4. Decision to leave a small piece of tooth root in the jaw when its removal would require extensive surgery and increased risk of complications.
5. Bleeding and bruising
6. Swelling
7. Injury to adjacent teeth or restorations
8. Maxillary sinus involvement
9. Nerve injury
10. Bony fractures
11. Temporomandibular joint disorder

I have had the opportunity to discuss and to ask question about my surgery with Dr. Ippolito

I consent to the surgery as described.

The above information has been explained to me in a language I can understand.

Signature of Patient Donald MoshierDate: 1/13/06Time: 12:20Doctor's printed name Ippolito DDSDoctor's Signature [Signature]

Witness (not required)

Inmate Name Donald Moshier JRRegister No.: 19924 052

Institution:

USP LEWISBURG
HEALTH SERVICES UNIT
LEWISBURG, PA 17837

(This form may be replicated via WP)

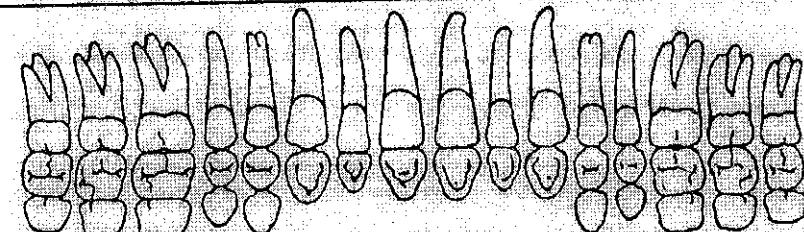
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BP-618.060 CLINICAL DENTAL RECORDS CDfrm

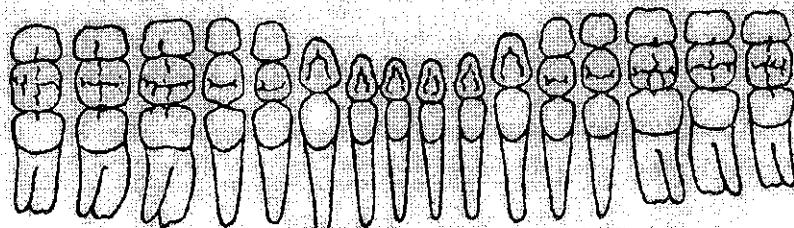
MAR 02

U.S. DEPARTMENT OF JUSTICE

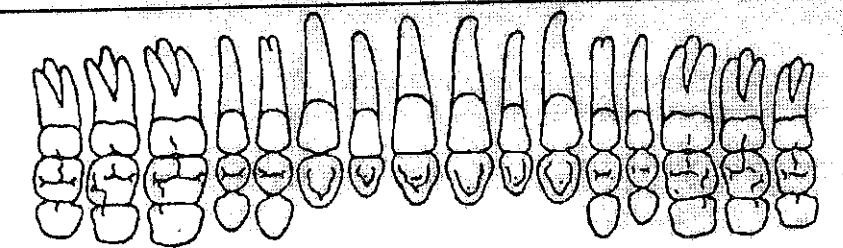
FEDERAL BUREAU OF PRISONS

Examination: Screening Comprehensive Periodic

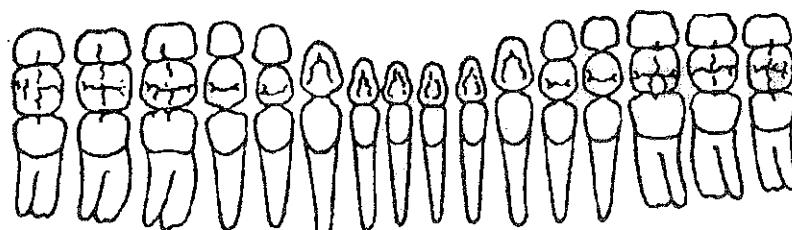
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Treatment Completed



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 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Patient Name Number Sex: M F Age:

Mas hier Donald

10924 052
LEWISBURG
HEALTH SERVICES UNIT
LEWISBURG, PA 17837

Occlusion

Oral Hygiene

Good Fair Poor

CPITN

Head & Neck/Soft tissue

Additional Findings

D: _____

M: _____

F: _____

Examiner Signature

Date

Recommended Treatment Plan

 Radiographs Dental Prophylaxis Oral Hygiene Instruction Periodontal Evaluation O I II III Oral Surgical Procedures Endodontic Restorative Prosthodontic Evaluation

Dentist Signature

Date

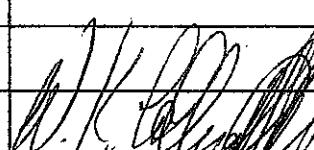
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Federal Bureau of Prisons Clinical Dental Records

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HRSA-237 (4/95)
(REVERSE)

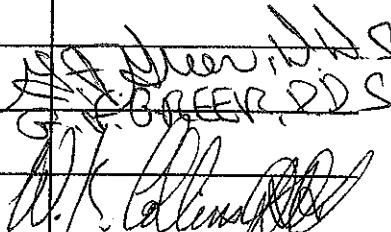
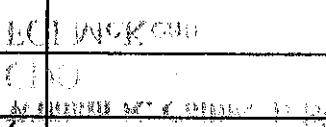
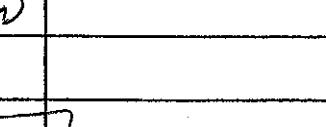
DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
01/25/05 1315 hrs	<p>P: - Lidocaine 2% w/e 1:100,000 epi.</p> <p>x 2 1/2 carps</p> <ul style="list-style-type: none"> - Old restoration & slight caries removed - Dycal, 3M bonding agent, Etch & conditioners, acid etch - TPH Resin Restoration material - Occlusal adjustment and finish of restoration. 	 William K. Collins, D.D.S. CDO FCI McKean

MOSHIER, DONALD

FCI McKean

000283

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS		SIGNATURE
11-2-04 0830	Soft: Q/V St for restoration Mod Hist Prod. NKDA. P: Zinc oxide: 1:100,000 2g. pink Otc. anal & composite varnish #2		 W. K. Collins, DDS CDO FCI McKean
1-25-05 1315 hrs.	S: "My filling in the back keeps getting food under it and it hurts." Pt. points to #32; Pct: 3/10		 W. K. Collins, DDS CDO FCI McKean
	O: Mod Hist Prod: GFRD, NKDA #32, small part of lingual tooth structure missing under previous restoration - Percussion, - Palpation - Mobility		 W. K. Collins, DDS CDO FCI McKean
	PAX: small radiolucency between restoration and tooth structure		 W. K. Collins, DDS CDO FCI McKean
	A: #32, fractured tooth structure P: Assessment explained to patient		 W. K. Collins, DDS CDO FCI McKean

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

10924-052

WARD NO.

McKean

DENTAL TREATMENT RECORD
HRSA-237 (4/95)

EF

000284

MOSHIER, DONALD

FCI McKean

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS		SIGNATURE
26/21/04 0922 hrs	<p>O: Med Rx Rev'd: NKDA 218 ²¹⁸ 06/21/04</p> <p>#17, Rx: Suspicious area at end of root</p> <p>A: #17, Chronic caries, possible initial stages of an abscess.</p> <p>P: Advised patient of assessment & patient understands. Patient to watch call outs for next appointment: 4/17. Restoration by W.K. Collins, D.D.S.</p>		
6/28/04 0800 hrs.	<p>pt. care Rx SOA: Med Rx Rev'd: NKDA FCI McKean</p> <p>P: occ anal # 17 c copalit varnish Pt. to watch call outs for next appt. comp exam.</p>		<p>William K. Collins, D.D.S. CDO FCI McKean</p> <p>W.K. Collins, D.D.S. CDO FCI McKean</p>

(Continued On Reverse Side)

PATIENTS IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

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DENTAL TREATMENT RECORD
HRSA-237 (4/95)

FCI McKean

000285

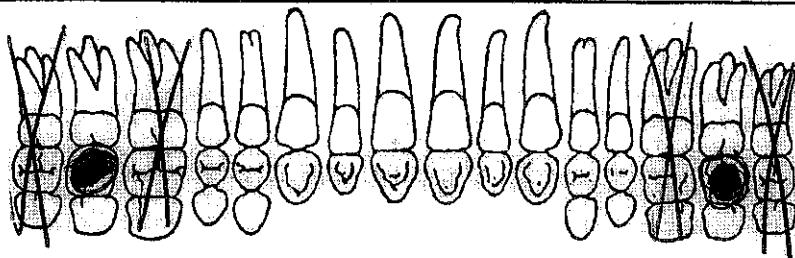
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DENTAL TREATMENT RECORD (Continuation)

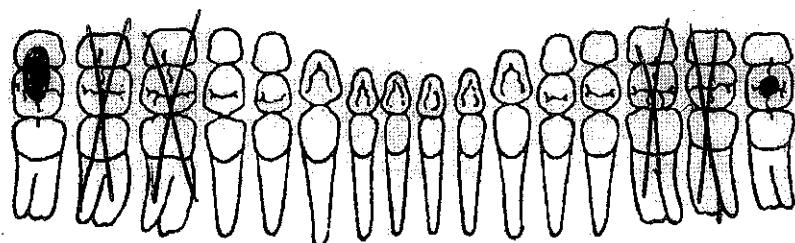
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U. S. DEPARTMENT OF JUSTICE

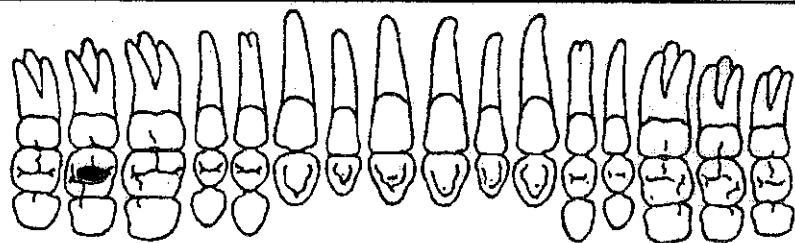
FEDERAL BUREAU OF PRISONS

FCI MCKEAN
CDOExamination: Screening Comprehensive Periodic

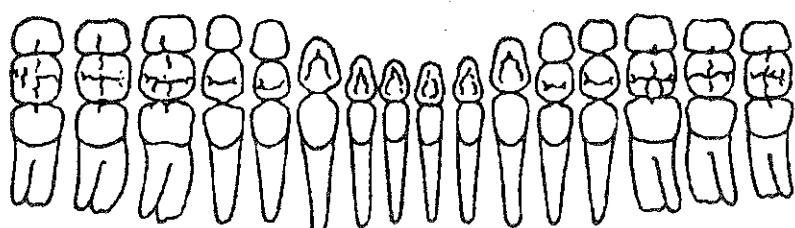
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32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 LEFT



Treatment Completed



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 LEFT



Patient Name

Moshier, Donald

Number

10904-050

Sex

M

F

Age:

8-18 (6)
40

Occlusion

CLASS I

Oral Hygiene

Good

Fair

Poor

CPITN

3

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-

Head & Neck/Soft Tissue

WNL

D22

Additional Findings

Crossbite - Ant (2)

D: 2

M: 8

F: 1

Recommended Treatment Plan

 Radiographs Dental Prophylaxis Oral Hygiene Instruction Periodontal Evaluation 0 I II III Oral Surgical Procedures Endodontic Restorative Prosthodontic Evaluation

Dentist Signature

W.G. STERBA, DDS

Date

10/02

FCI McKean

W.K. COLLINS, DDS
CDO
FCI McLeanW.G. STERBA, DDS
000287

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
6/10/03 1300		A+O exam, Health History reviewed. Sick call and call out procedures explained - <i>J. L. H. (Handwritten)</i> W. STEPHAN <i>William K. Collins</i> W.K. COLLINS CDO FCI McKean
03/05/03 1345 hrs	S:	Patient related Acting I-SA Montgomery, that he had eaten big lunch and fell down on a piece of glass that cut his gum and which he then swallowed.
	O:	Patient D was instructed to wait and be scolded, seen; Once by the DA and secondly by this practitioner. Patient D was then called but was not present due to leaving the clinic waiting area. A: None
	P:	Patient D left before being evaluated & treated.
06/21/04 1320 hrs	5:	I have a tooth that is hurting at the bottom left. (P1 # 07), Patient points to # 17; O: # 17, small-medium occlusal decay + Perc., - Palp., +1 Mobility <i>W. K. (Handwritten)</i>

William K. Collins, D.D.S.
CDO
FCI McKean

000288

FEDERAL BUREAU OF PRISONS
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication? yes no
If so, what? _____
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? yes no

3. Have you been under the care of a physician during the past two years? If so, why? yes no

4. Have you been hospitalized in the past two years? If so, why? yes no

5. Do you have or have you ever had a heart murmur or been treated for a heart condition? yes no
6. Do your ankles ever swell during the day? yes no
7. Have you ever been treated for a tumor or growth? yes no
8. Have you ever had abnormal bleeding? yes no
9. Have you ever had serious difficulty with any dental treatment? yes no
10. Have you ever had clicking, popping, or pain in your jaw joint? yes no

Circle any of the following that you have had:

- | | |
|--|-----------------------|
| Congenital heart defects | Heart murmur |
| Heart attack or heart problems | Angina |
| Stroke | High Blood pressure |
| Rheumatic Fever | Heart pacemaker |
| Asthma | Epilepsy or seizures |
| Anemia (blood problems) | Diabetes |
| Thyroid problems | AIDS or HIV infection |
| Chronic bronchitis | Emphysema |
| Venereal disease (syphilis, gonorrhea) | Tuberculosis (TB) |
| Arthritis | Psychiatric treatment |
| Artificial heart valve | Artificial joint |
| Hepatitis | |

Do you currently use tobacco cigarettes, chewing tobacco, snuff)? yes no

Do you have any disease, condition, or problem not listed?
WOMEN ONLY: Are you pregnant?

Name: Donald L Moshier Jr

Reg No. 10924-052

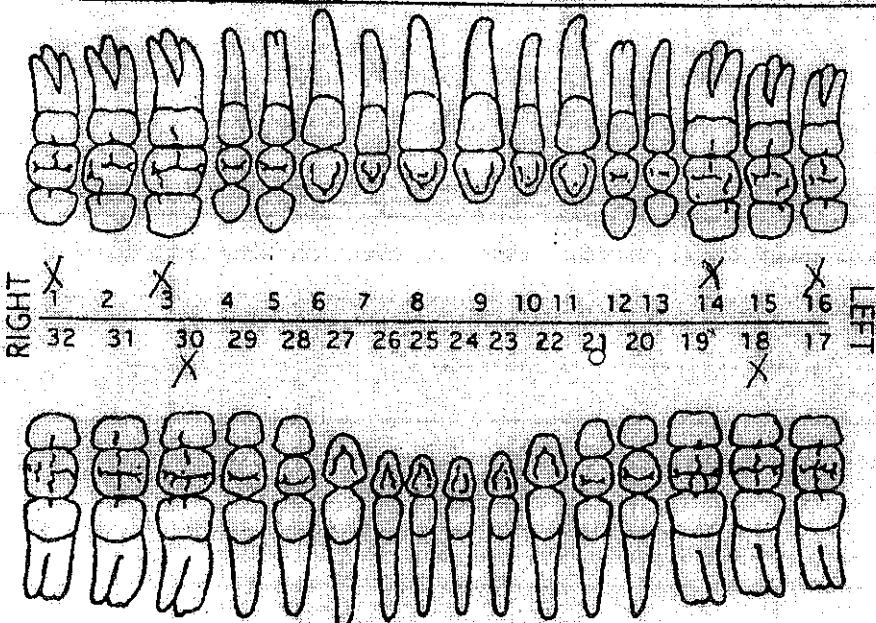
Institution: McKean A/B

Date: 6/10/02

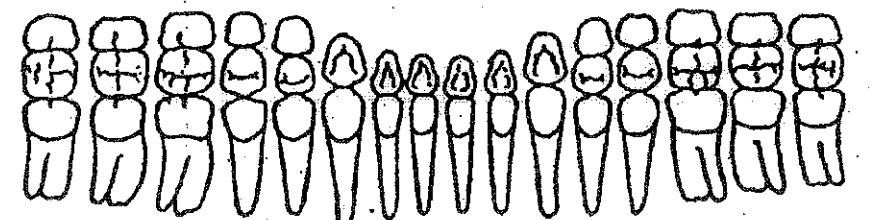
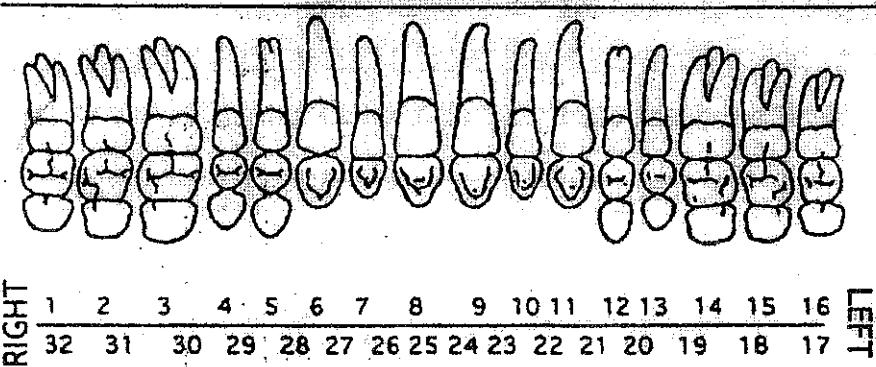
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5618.060 CLINICAL DENTAL RECORD CDFRM
JG 96
U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: Screening Comprehensive Periodic

Treatment Completed

Patient Name Number Sex: M F Age: 40MOSHIER, DONALD, 10924-052
DATE OF BIRTH 18/18/96

MONTH DAY YEAR

RELEASE DATE

MONTH DAY YEAR

Dentist Signature

Date

OJ Hamilton OAS

5/23/02

HEALTH SERVICE UNIT
MDC BROOKLYN
100 29TH STREET
BROOKLYN, NEW YORK 11232

000290

Federal Bureau of Prisons Clinical Dental Records

000294

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, Pa 16701

Department of Medical Records

Patient: MOSHIER,DONALD

Medical Record #: M000226525

Acct #: V04546554

DOB: 08/18/1961

Age: 43

Sex: M

Attending MD: Graham,Nathaniel MD
4EAST

Location:

Date of Service: 04/18/05

HISTORY AND PHYSICAL

CHIEF COMPLAINT: Acute cholecystitis.

HISTORY: This is a 43-year-old white male who is an inmate at FCI McKean. He has a history of hepatitis C and has been on interferon now for some time, but having some difficulties. Recently, he began having abdominal pain and over the last 3 weeks, this pain which was initially only in the right upper quadrant and after meals became more severe and long lasting, and it is now constant. The pain is becoming more diffuse. Last week, he was referred to the Kane Hospital, underwent medical workup including ultrasound, CT, and apparently an EGD. He was diagnosed with acute cholecystitis, given some antibiotics, had some improvement, and went back to FCI McKean. Over the last day or so, he has been getting much worse clinically. His LFTs have actually looked better than they were before when he was at the height of his problems with hepatitis C. He is having more distress and was referred for surgical evaluation.

PAST MEDICAL HISTORY: Low back pain and hepatitis C.

MEDICATIONS:

1. Interferon 180 micrograms 1 weekly.
2. Ribavirin 600 milligrams b.i.d.
3. Lactulose 1 tablespoon b.i.d.
4. Zantac 150 daily.
5. Omeprazole 20 milligrams daily.
6. Albuterol inhaler 2 puffs q.i.d.
7. Doxycycline 10 milligrams p.o. b.i.d.

PAST SURGICAL HISTORY: Appendectomy, left knee surgery, and liver biopsy.

FAMILY HISTORY: Remarkable for cancer, emphysema, diabetes, and hypertension in his father and diabetes in his mother.

SOCIAL HISTORY: The patient used to smoke, but quit. He is separated and has 4 children.

REVIEW OF SYSTEMS: Denies any depression, anxiety, or psychiatric problems. Eyes: Denies any blurry vision or pain behind the eyes. Ears: Decreased hearing acuity or tinnitus. LUNGS: Denies any shortness of breath or coughing, but does have some dyspnea when he is in abdominal pain. GI: No nausea or vomiting today. He has had some diarrhea over the last week. GU: No burning or urination frequency or nocturia or decreased force of stream. ORTHOPEDIC: No active problems.

PHYSICAL EXAMINATION:

000292

GENERAL: The patient is a tall, large-boned, muscular man who appears older than stated age. He has long, coarse, gray-white hair, and full beard.

HEENT: Ears, eyes, nose: No lesions.

NECK: No adenopathy.

LUNGS: Clear, but he is splitting his respiration with abdominal pain.

HEART: Regular rate with no murmurs.

ABDOMEN: Firm with guarding in the right upper quadrant. Some tenderness, but without guarding throughout the rest of the abdomen.

EXTREMITIES: Unremarkable.

LABORATORY DATA: White count is 4.9, which is elevated for him. My discussions with Dr. _____ revealed that his white count normally is 1.8, hemoglobin is 13.7, and hematocrit is 39.6. Chemistries show bilirubin of 1.5, AST of 44, ALT of 85, alkaline phosphatase is 70. These numbers are way down from his highs previously according to Dr. _____. Glucose is 153 and electrolytes are satisfactory. I obtained some reports from Kane Hospital. These showed an ultrasound with thickened gallbladder wall up to 10 mm consistent with acute cholecystitis and 4-mm common bile duct. EKG normal. CT scan showed normal pancreas, thickened edematous gallbladder consistent with acute cholecystitis, and no biliary duct dilatation. CT of the chest was normal. Numbers there showed a white count of 2.4, hemoglobin 12.9, and hematocrit 37.

IMPRESSION: Acute cholecystitis.

PLAN: Admit, IV fluids, bowel rest, and antibiotics. If he does not rapidly improve, I think he should be explored and this would be best done through an open cholecystectomy. Risks are quite high in this patient with active hepatitis C. With a high-risk mortality for any abdominal operation, we will try to treat him medically; however, he would most likely require operation.

Thank you for the referral.

Job#: 4520101 / 285842

Signed By: _____

Graham, Nathaniel MD

GRAHNA/PRECYSE

DDT: 04/19/05 1619

TDT: 04/20/05 1040

Report Number: 0420-0029

cc:

FCI MCKEAN

Graham, Nathaniel MD

Reviewed by D. Olson, MD
Date: 5/2/05

BRADFORD REGIONAL MEDICAL CENTER

Bradford, Pennsylvania

DIAGNOSTIC IMAGING DISCHARGE INSTRUCTIONS - PROCEDURES

CALL YOUR PHYSICIAN OR GO TO AN EMERGENCY ROOM IF ANY OF THE FOLLOWING SYMPTOMS OCCUR:

ARTHROGRAM:

Severe swelling, pain, restriction of the joint; abnormal discoloration or redness at the site of injection

**NEEDLE BIOPSY/
CORE BIOPSY:**

Severe weakness, headache, fainting, swelling at the site of injection, abnormal redness and/or leaking of fluid at injection site.

**PARACENTESIS/
THORACENTESIS:**

Weakness, drowsiness, fainting; severe redness, soreness, leakage of fluid at site. Unusually fast heartbeat, fever, chills, discoloration or swelling area of injection site.

**NEPHROSTOMY/BILIARY
TUBE PLACEMENT:**

Drainage from tube diminishes or stops. Signs of infection such as fever, chills, redness, excessive soreness, drainage around site.

BONE MARROW BIOPSY:

Excessive pain, bleeding at site. Signs of infection such as fever and chills.

HYSTEROSALPINGOGRAM:

Bleeding, unusual pain, foul-smelling discharge, fever or chills.

SPINAL TAP/MYELOGRAM:

Severe headache, fainting, weakness, swelling at site of injection; abnormal redness and/or leaking of fluid at injection site.

AMNIOCENTESIS:

Severe cramping, vaginal bleeding, leaking of fluid at injection site, redness or swelling at injection site.

OTHER: If you have any unusual symptoms that may have been caused by the procedure today or the medication we have given you, please contact your physician or return to an Emergency Room. Some of these symptoms may be:

<input checked="" type="checkbox"/> Fever	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Fainting
<input checked="" type="checkbox"/> Chills	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Rash or Hives
<input type="checkbox"/> Headache	<input type="checkbox"/> Restriction of Motion	<input checked="" type="checkbox"/> Drainage at Injection Site
<input type="checkbox"/> Bleeding		

If you have received any sedation today, this medicine will remain in your system for 24 hours. Even though you may feel normal, your reaction time has been altered. You may not operate any machinery, drive a vehicle, make any important decisions, sign any legal papers, or drink any alcoholic beverages for 24 hours because of the medication we have given you.

I, the patient or family member, acknowledge that I have read and understand the above instructions, I have had the opportunity to ask questions and have received a copy of the instructions.

Donald C. Moshier, Jr. Richard H. Hines, CRN

Patient or Family Member

RN or Technologist

MOSHIER, DONALD

M-42

Additional Comments:

HORSLEY

Reviewed by D. Olson, MD

Date: 8/18/04

226525

4447198

OUTPT. PROCEDURE

11 08/18/04

Date 08/18/04

Patient Name Moshier, Donald

Patient M.R. Number



000294

UNITED STATES PENITENTIARY
LEWISBURG, PENNSYLVANIA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED
INMATE'S NAME: Michael Donahue UNIT: A 1 DATE: 3-13-06
DETAIL: 164 REG. NO.: 10324-062

MEDICAL CLASSIFICATION STATUS: (Check One) A 1, b 3

IDLE: _____ THRU 12 MIDNIGHT _____, 20 _____
 CONVALESCENT: for day THRU 12 MIDNIGHT _____, 20 _____
 RESTRICTED DUTY: _____ THRU 12 MIDNIGHT _____, 20 _____
 MEDICALLY UNASSIGNED: _____ THRU 12 MIDNIGHT _____, 20 _____

John R. Baker
Physician or Physician Assistant

IDLE STATUS - Temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days. Excused from work with no recreation activities.

RESTRICTED DUTY - Restricted from specific activities because of physical condition. List condition, work limitation, and time period.

MEDICALLY UNASSIGNED - Unassigned due to existing medical condition.



000295

UNITED STATES PENITENTIARY
LEWISBURG, PENNSYLVANIA

<u>IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS</u>	
TO: ALL CONCERNED	INMATE'S NAME: <u>Moshier, Donald</u>
UNIT: <u>A - Block</u>	DATE: <u>03/09/06</u>
DETAIL: <u>UNICOR</u>	REG. NO.: <u>16924 - 052</u>
<u>MAIL BAGS</u>	
<u>MEDICAL CLASSIFICATION STATUS: (Check One)</u>	
<input checked="" type="checkbox"/> IDLE: <u>2 days</u>	THRU 12 MIDNIGHT <u>03/10/06</u> , 20 <u>06</u>
<input type="checkbox"/> CONVALESCENT: _____	THRU 12 MIDNIGHT _____, 20 _____
<input type="checkbox"/> RESTRICTED DUTY: _____	THRU 12 MIDNIGHT _____, 20 _____
() MEDICALLY UNASSIGNED: _____	

Physician or Physician Assistant Luis Ramirez, P.A.

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- IDLE STATUS** – temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals. No recreation activity.
- CONVALESCENT STATUS** – Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days. Excused from work with no recreation activities.
- RESTRICTED DUTY** – Restricted from specific activities because of physical condition. List condition, work limitation, and time period.
- MEDICALLY UNASSIGNED** – Unassigned due to existing medical condition

000296

UNITED STATES PENITENTIARY
LEWISBURG, PENNSYLVANIA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED
INMATE'S NAME: ROBERT L. BROWN DATE: 04-16-05
UNIT: A DETAIL: Health REG. NO.: 10924-05

MEDICAL CLASSIFICATION STATUS: (Check One)

IDLE: Three Days

CONVALESCENT: _____

RESTRICTED DUTY: _____

THRU 12 MIDNIGHT 04-18-05, 21

THRU 12 MIDNIGHT _____, 21

THRU 12 MIDNIGHT _____

MEDICALLY UNASSIGNED: _____

Robert L. Brown (Physician)

Physician or Physician Assistant

IDLE STATUS - Temporary disability not to exceed three days duration including weekends and holidays. Restrict except for meals. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and thirty days. Excused from work with no recreation activities.

RESTRICTED DUTY - Restricted from specific activities because of physical condition. List condition, work limit period.

MEDICALLY UNASSIGNED - Unassigned due to existing medical condition.

000297

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: 8/23/04
 INMATE'S NAME: John Donald DATE: 10/9/25-052
 DETAIL:

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- IDLE: Reason THRU 12 MIDNIGHT 19
 CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT 8/29 1900
 RESTRICTED DUTY: Specify exact restriction and reason.
 TOTALLY DISABLED:
 FULL DUTY:

John Donald
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

000298

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT, AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED *Moshier* UNIT: AB DATE: 8/17/04
 INMATE'S NAME: James Moshier DETAIL: Class 2 REG. NO. 10929

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- IDLE: Reason None THRU 12 MIDNIGHT 19
 CONVALESCENCE: List any restricted activity for medical reasons. None THRU 12 MIDNIGHT 19

- RESTRICTED DUTY: Specify exact restriction and reason. None THRU 12 MIDNIGHT 19

- TOTALLY DISABLED: None None 19
 FULL DUTY: None None 19
No prolonged sleep, signs are bend
physician or physician assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

**FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**

O: ALL CONCERNED
INMATE'S NAME: Donald Monkton #62
DETAIL: falling out
DATE: 4/6/04
REG. NO. 10924-05
For Medical purposes, the inmate named above has been authorized the left falling out activity status listed below the reason(s) and

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION	
TO: ALL CONCERNED	DATE: <u>1/6/63</u>
INMATE'S NAME: <u>Donald Joseph</u>	DETAIL: <u>work</u>
For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the time shown.	

Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

TEMPORAL STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick visits and call outs. No recreation activity.

ONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassignable because of mental or physical reasons. Condition generally expected to last indefinitely.

ULL DUTY - No work restrictions because of physical, medical or mental disability.

000300

FEDERAL CORRECTIONAL INSTITUTION, HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED
INMATE'S NAME: Donald Moutier
DETAIL: Handcuffed
For Medical purposes, the inmate named above has been authorized the work and/or activity/status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- IDLE: Reason 3nd THRU 12 MIDNIGHT 19
 CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT 19
 RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT 19
 TOTALLY DISABLED: 3nd
 FULL DUTY:

Physician or Physician's Assistant
W.C. *W.C. Moutier*

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, bartering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

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FEND CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED
INMATE'S NAME: Mesher, Donald
UNIT: A3 DATE: 12/3/03
DETAIL: unassigned REG. NO: 1094-052

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- IDLE: Reason _____ THRU 12 MIDNIGHT _____, 19 ____
 CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT 12/10/2003
- RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT 12/10/2003
- TOTALLY DISABLED: A. Sherry
 FULL DUTY: Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - Temporary disability not to exceed three days duration including weekends and holidays. Restricted to quarters except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Full institutional recreational privileges, subject only to medical limitation.

RESTRICTED DUTY - Restricted from work around machinery, heights, heavy lifting, etc., because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

000309

FEDERAL CORRECTIONAL INSTITUTION
FCI MCKEAN, PA
HOSPITAL

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: A B DATE: 11/30/03
 INMATE'S NAME: Moshier, D DETAIL: unassigned REG. NO. 10924-052
For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

IDLE: Reason Medical

CONVALESCENCE: List any restricted activity for medical reasons.
 _____ THRU 12 MIDNIGHT _____ 19 _____

RESTRICTED DUTY: Specify exact restriction and reason.
 _____ THRU 12 MIDNIGHT _____ 19 _____

TOTALLY DISABLED:
 FULL DUTY:
 _____ THRU 12 MIDNIGHT _____ 19 _____

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Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED
INMATE'S NAME: Daniel W. Miller UNIT: A/B DATE: 10/31/03
DETAIL: details REG. NO.: 10924-052

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- IDLE: Reason _____ THRU 12 MIDNIGHT _____, 19 ____
- CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT _____, 19 ____
- RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT _____, 19 ____
- TOTALLY DISABLED: medically unemployed THRU 12 MIDNIGHT _____, 19 ____
- FULL DUTY: 3 months Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - Temporary disability not to exceed three days duration including weekends and holidays. Restricted to quarters except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Full institutional recreational privileges, subject only to medical limitation.

RESTRICTED DUTY - Restricted from work around machinery, heights, heavy lifting, etc., because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

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FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: AB DATE: 10/31/03
 INMATE'S NAME: Donald J. Mosier DETAIL: Ch 5 REG. NO. 10904-052
For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- IDLE: Reason Revised THRU 12 MIDNIGHT 10/31/03
 CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT 19
 RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT 19
 TOTALLY DISABLED:
 FULL DUTY:

Donald J. Mosier
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, bartering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excluded from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

000305

FEDERAL CORRECTIONAL INSTITUTION, HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: AB DATE: 9/10/03
 INMATE'S NAME: Machier Donald DETAIL: Medical REG. NO. 10921452
For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

IDLE: Reason Medical THRU 12 MIDNIGHT 10/2 03
 () CONVALESCENCE: List any restricted activity for medical reasons. _____

() RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19 _____
 () TOTALLY DISABLED: _____ THRU 12 MIDNIGHT _____ 19 _____
 () FULL DUTY: _____

T. Gleave
Medical Staff
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, bartering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION, HOSPITAL
 FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED Offenders Offenders
 INMATE'S NAME: Michael Michael
For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

IDLE: Reason Medical Medical
 CONVALESCENCE: List any restricted activity for medical reasons.

RESTRICTED DUTY: Specify exact restriction and reason.

TOTALLY DISABLED:

FULL DUTY:

DATE: 9/18/03 9/18/03
 REG. NO. 16924-B5C

THRU 12 MIDNIGHT 9/19/03 9/19/03
 19

THRU 12 MIDNIGHT 9/19/03 9/19/03
 19

THRU 12 MIDNIGHT 9/19/03 9/19/03
 19

Michael Saylor

Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassignable because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

000307

**FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**

TO: ALL CONCERNED DATE: 6-13-03
INMATE'S NAME: Mosher, Donald REG. NO. 10924-052
For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

IDLE: Reason Medical

6/16/03

6/19/03

THRU 12 MIDNIGHT

the time shown.

CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT 19

RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT 10

19	HRU-12 MUNIGHT	Steven Labrozzi, PA-C Physician Assistant
		<i>SL</i>
<input type="checkbox"/> TOTALLY DISABLED: <input type="checkbox"/> FULL DUTY:		

Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excluded from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - totally unemployable and unassignable because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

000308

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: A B DATE: 9/15/02
 INMATE'S NAME: Mashieff, Donald DETAIL: Cell II REG. NO. 10244-02
For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

IDLE: Reason Melancholy THRU 12 MIDNIGHT 9/17/1902
 CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT 19

- RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT 19
- TOTALLY DISABLED: T. Glenn  THRU 12 MIDNIGHT 19
- FULL DUTY: THRU 12 MIDNIGHT 19

Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excluded from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PAIDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: AB DATE: 9/12/02
INMATE'S NAME: John H. Dugay DETAIL: Cell 2 REG. NO. 10924-062
For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- IDLE: Reason Middle ear THRU 12 MIDNIGHT 9/13 10
 CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT 19
 RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT 19
 TOTALLY DISABLED:
 FULL DUTY:

T. Glenn
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration ~~including weekends and holidays~~. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.
RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION, HOSPITAL
FCI MCKEAN, PA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: AB DATE: 9/16/02
 INMATE'S NAME: WESTWILL, DONALD DETAIL: 100-00000-00
For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) or the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

IDLE: Reason Medical THRU 12 MIDNIGHT 9/16/02
 CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT 11/16/02

RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT 11/16/02

TOTALLY DISABLED:
 FULL DUTY:


Donald Westwill PA

Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excludes and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or time.

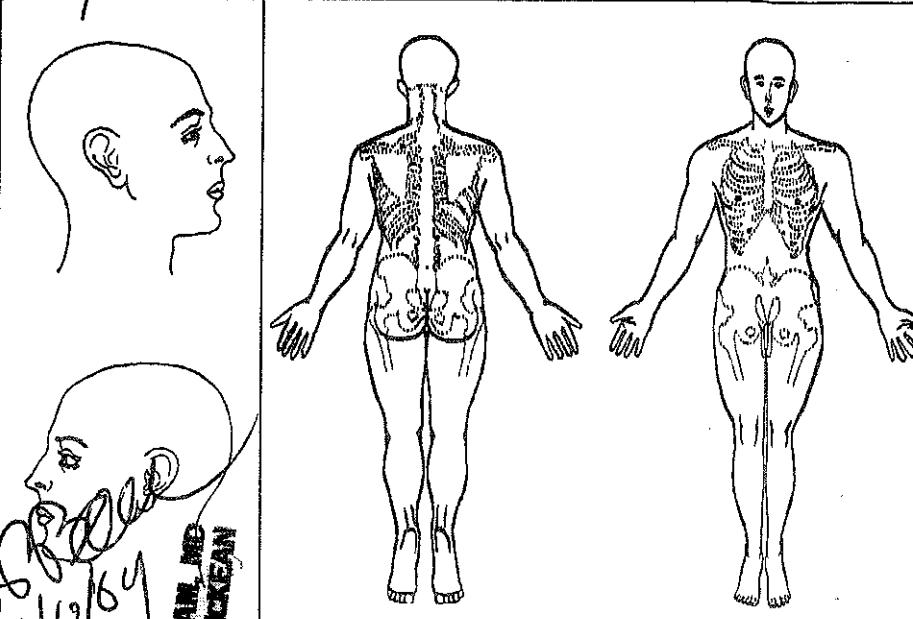
TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

000311

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution FCP McRae	2. Name of Injured Moshier, Donald	3. Register Number 10924-052
4. Injured's Duty Assignment CMS	5. Housing Assignment AB	6. Date and Time of Injury 10/30/03 630 PM
7. Where Did Injury Happen (Be specific as to location) Shakedown shack	Work Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Date and Time Reported for Treatment 10/31/03 0840
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) <i>Slipped on the mud and hurt my back and neck. I have sharp pain shooting down my left leg really bad pain 7/10</i>		
<i>X</i> Signature of Patient		
10. Objective: (Observations or Findings from Examination) NSD	X-Rays Taken _____	Not Indicated <input checked="" type="checkbox"/>
X-Ray Results <i>Back: palpable spasm of ② lower back, tender to palpation ② deformity - mid - mid</i>		
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) ① LBP 2° spasm		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) ① Education - stretches - understands ② Ptx PRV ② Idle > 24 hours gives ③ therapy 600 mg / 10 TIP distance #9 RD		
13. This Injury Required:	 <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <hr/> <hr/> <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician	
Enter ap ENC ASST PAC 10/30/03 10/31/03 Signature of Physician or Physician Assistant		

Original - Medical File

Canary - Safety

Pink – Work Supervisor (*Work related only*)

Half Carboned Form - If ball point pen is used, PRESS HARD

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U.S. Department of Justice
Federal Bureau of Prisons

Medical Treatment Refusal
(Rechazo de Tratamiento Médico)

Date

(Fecha)

I, Moshier Jr Donald 10924-052, refuse treatment recommended by the Federal

(Name and Registration Number)

(Número y Número de Registro)

(rechaza el tratamiento recomendado por el Personal

Bureau of Prisons Medical staff for the following condition(s):

Médico del Bureau Federal de Prisiones, por las siguientes razones):

DESCRIBE IN LAYMAN'S TERMINOLOGY: (DESCRIBA EN TERMINOLOGÍA COMUN Y CORRIENTE):

Rechazó Exam

The following treatment(s) was/were recommended:

(El siguiente tratamiento(s) fue/fueron recomendado(s)):

- Prostate.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

(Los miembros del personal Médico del Bureau Federal de Prisiones me ha explicado cuidadosamente las posibles consecuencias o complicaciones siguientes que pueden resultar por causa de mi rechazo a aceptar tratamiento):

- To rule out Ca or any pathological cond'n

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

(Me doy por enterado de las posibles consecuencias o complicaciones enlistadas arriba, y aun así me rehuso al tratamiento recomendado. Por medio de la presente, asumo toda responsabilidad por mi condición física o mental, y relevo al Bureau de Prisiones y a sus empleados de cualquiera y toda responsabilidad por cause de respetar y seguir mis expresos deseos y direcciones.)

Donald C Moshier Jr

Patient's Signature and Date

(Firma del Paciente y Fecha)

AKUN VERMAN
Signature of Witness and Date

(Firma del Testigo y Fecha)

Signature of Witness and Date

(Firma del Testigo y Fecha)

Original - Inmate's Medical Record

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U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name <u>Moshier, Donald</u>	Register Number <u>10924-052</u>	Date <u>10-18-05</u>
	Date of Birth <u>8-18-61</u>	Social Security Number <u>094528139</u>

I hereby authorize and request the Federal Bureau of Prisons to:

release information to, or obtain information from

Name/Facility: Kane Community HospitalAddress: N. Praley Street Box 778City, State, Zip: Kane PA 16735PLEASE CONTACT IF
PAYMENT IS REQUIRED
PRIOR TO FILLING
REQUESTI understand the information is to be used for (specific reason for release of information):
 Continuation of care, or OtherInformation to be Released/Obtained: Copy of and/or information from my medical file pertaining to my evaluation and treatment received from 6-2002 to 6-2005.

This is to include: Complete Record Discharge Summary History & Physical
 Operative Reports Consultations Progress Notes X-ray Reports
 Laboratory Reports Pathology Reports Actual Films*# Actual Slides*

 Other:*will be returned
#duplicates accepted

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality. I understand that I may revoke this consent at any time by sending a written notice to the Supervisor of Medical Records. I understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality. This authorization will automatically expire three months from the date of the signature.

Signature of Patient

Donald C Moshier Jr
FAX SIGNATURE VALID ORIGINAL 10924-052

Date (Month, Day, Year)

10-18-05

Staff Witness

Kim Ely, HtSPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW.
Must sign below, to Release Protected Information.

I specifically authorize the release of data and information relating to:

1. Substance Abuse 2. Mental Health 3. HIV

Signature

Date

Deliver Records To: (Institution Address & Fax number)

USP LEWISBURG
HEALTH SERVICES UNIT Po Box 1000
LEWISBURG, PA 17837

000314

fax: 570-522-7764

Packet reviewed 12/23/2005 Objservatory

Last Name <i>Moshier Donald L</i>	First Name <i>Donald L</i>	Middle Name <i></i>	Home Phone <i></i>	Admission Date <i></i>	Time <i></i>	A.M./P.M. <i></i>
Address <i></i>		City <i></i>		State <i></i>	Zip <i></i>	
Status <i></i>						
Employer <i></i>		Address <i></i>				
Next of Kin <i></i>		Address <i></i>				
Guarantor <i></i>		Guarantor Address <i></i>				
Physician <i>Dr. Anderson</i>		Family Physician <i></i>		Arrival <i></i>		
INSURANCE <i></i>		Mode of <i></i>		Last O/P Visit Date <i></i>		
				Last I/P Dis. Date <i></i>		
				Last I/P Adm. Date <i></i>		
				Initials <i></i>		

*Subacute C.P.*Onset Date *July*
Onset Time

PFSH: Past Medical, Family, and Social History: 0 history areas=L1, L2, or L3 1 history area=L4 2 history areas=L5						
Present Meds: <i>Levetiracetam 500 mg Bid Alprazolam 10 mg po qd Sulfa Tylenol Fentanyl Prolactin 100 mg 183 mg SC Bilirubin 10 mg po qd</i>	<input type="checkbox"/> See attached	TETANUS HX: <i></i>	ALLERGIES: <i>Rice (swelling) UK DA</i>			
		Date of last Tetanus: <i></i>				
		<input type="checkbox"/> Td Information given				
		Manufacturer <i></i>	W/			
		Lot# <i></i>				
		Expiration Date <i></i>				
		Family History: Diabetes Y N HTN Y N Heart Disease Y N COPD Y N Cancer Y N Other: <i>Non contributory</i>	Past Medical: <input checked="" type="checkbox"/> ASTHMA <input type="checkbox"/> CAD/MI <input type="checkbox"/> CHF <input type="checkbox"/> COPD <input type="checkbox"/> DM <input type="checkbox"/> CVA <input type="checkbox"/> HTN <input type="checkbox"/> NONE OF ABOVE <input type="checkbox"/> OTHER: <i>Hepatitis C Cirrhosis Low back pain A/E x 0</i>	Surgical: <input checked="" type="checkbox"/> Appendectomy <input type="checkbox"/> Bowel Surg. <input type="checkbox"/> Cardiac Surg. <input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Hernia repair <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Laminectomy <input checked="" type="checkbox"/> Ortho. Surg. <input type="checkbox"/> Tubal Ligation <input type="checkbox"/> NONE OF ABOVE <input type="checkbox"/> OTHER	LNMP: <i>NIA</i>	
		Social History: Tobacco Y N amt./freq.: ETOH Y N amt./freq.: Occupation: <i>FCI inmate</i> Other: <i></i>			Weight: <i></i>	
					Visual Acuity: Without Correction: OD <i></i> OS <i></i> With Correction: OD <i></i> OS <i></i>	
					PEDIATRIC PARAMETERS Height Weight Head Circum. <i>NO</i> <input type="checkbox"/> Childhood immun. UTD	
FIRST AID: <i>None</i>		History obtained from: <input type="checkbox"/> Patient Unable to obtain history due to: <i></i>	EMS <i></i>	Family <i></i>	Caregiver <i></i>	Other <i>FCI inmate</i>

TRIAGE TIME: <i>1204</i> TIME PHYSICIAN NOTF'D: <i>1206</i> ESI: 1 2 <input checked="" type="checkbox"/> 3 4 5	TIME	T	P	R	BP	SPO2
Nursing Assessment: <i>1204 C10 sub sternal chest pain -> epigastric area radiating to back, inability to lift in by FCI guidelines, hands, feet, sluggish. 1204x3. Color pink. Skin warm & dry. Deep & distended. No peristalsis. B1 P1</i>	<i>1210</i>	<i>98.2</i>	<i>84</i>	<i>20</i>	<i>170/100</i>	<i>99%</i>
<i>1240 EKG started 800 cc. taken in 10 minutes</i>	<i>1345</i>				<i>142/84</i>	
<i>1315 C10 chest pain - 11/10 pain scale. - Dr. Freeman notified. Meds to take 30 mg TUP - B1 P1</i>						
<i>1345 Report received from Dr. Brem P. hypoxia. - B1 P1</i>						
<i>1345 S1. Rely P. Bradycardia - B1 P1</i>						
<i>1400 To x-ray in Jernigan. 1750 Back from x-ray to 1500 to x-ray for 15 min. cont. remains attached - B1 P1</i>						
Consultant:		Time Notified:				
Attending Physician:		Time Notified:				

Discharged Time: <i></i>	CONDITION: <input type="checkbox"/> UNCHANGED <input type="checkbox"/> IMPROVED	PCP Notified Verbal Voice Mail Other	
Admitted RM# <i>1244</i> Time: <i></i>	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> EXPIRED (PCP Notif'd)	@	
Report Called to: <i>Nancy Kristen, CPM</i>	RN SIGNATURE: <i>000315</i>		
Transferred To: <i></i>			
Time: <i></i>			
PERSONAL BELONGINGS <input type="checkbox"/> SENT WITH PATIENT <input type="checkbox"/> GIVEN TO FAMILY			

Patient Name: MOSHIER, DONALD

Age: 43

EMERGENCY ROOM RECORD
KANE COMMUNITY HOSPITAL
KANE, PA 16735

Patient #/Admission #: 31916 / 286109

Date of Birth: 08/18/1961

Admit Date/Time: 04/14/05 / 12.07

Sex: M

Mode of Arrival: VAN

Home Phone: 8143628900

EXAM 1 = Level 1, 2-7 = Level 2 or 3, 2-7(4x4) = Level 4, 8+systems=Level 5 Note: Levels 1-4=body area or organ systems Level 5=organ systems (underlined)
(SYSTEM/AREA ASSESSMENT: nml=all items are as listed except those as noted in "abnormal findings". Slash=not assessed)

CONSTITUTIONAL: TEMP PULSE RESP BP SaO2 % on _____ Comments:

GENERAL APPEARANCE:

SYSTEM/AREA ASSESSMENT	Nml	Abnormal Findings	ORDERS & RESULTS: Check to order
Head, incl. face: nml appearance, no scars, symmetrical, no lesions, no masses	/		LABORATORY
Eyes: PERRL, nml. pupil size, nml. conjunctiva, no eyelid edema, EOMI	/		AMYLASE 67 102.5
Ears, nose, mouth, throat: TMs clear, no ENT bleeding, no gum/palate/oral cyanosis	/		CBC 12.4 37.4
Neck: supple, no tenderness, no masses, no JVD, no bruits, no thyromegally	/		CHEM 7 137 105 16
Cardiovascular: S1, S2 WNL, RRR, no murmurs, no thrills	/		CPK 3.9 26.0
Respiratory: BS clear & equal, nml. effort, nml. percussion, nml. palpation	/		DIGOXIN LEVEL
GI/Abdomen: Soft, no masses, nml. bowel sounds, no tenderness, no pulsatile mass	/		HCG
MSK/Extrem.: No clubbing, no cyanosis, no edema, PPP, FPP=, nml ROM	/		LIPASE
Genitourinary: Ext. genitalia nml, no DC, no tenderness or fullness of bladder	/		LIVER PROFILE 14 ALT 89 AST 61
Chest, include breasts/axillae: no masses, no tenderness, no discharge	/		PT 84
Skin: Warm, dry. Turgor good. Acne	/		PTT 81
No cyanosis, jaundice, rashes, ulcers	/		TROPONIN
Neurological: No motor or sensory deficit, DTR WNL, Cranial n. intact	/	No reflexes -	UA (CX if positive) 14 Bact 44
Psychiatric: Alert, oriented x 3, nml affect, normal mood.	/		ABG
Heme/Lymph/Immuno.: No lymphadenopathy, no hepatosplenomegaly	/		EKG
Back, including spine: no scoliosis, kyphosis, lordosis; no lesions, masses, or scars	/		Pulse OX 100
Genitalia, groin, buttocks: no masses, rashes, lesions, erythema; no tenderness, deformity.	/		Blood CX
			Throat CX

PROCEDURES/NARRATIVE/OTHER

 Old Records. Review: *Anderson - Admit* Case discussed with:

Nature of Discussion:

INTRAVENOUS	
Time	Site/Gauge
1000	12G 1/2" 1000 mL bag
1015	12G 1/2" 1000 mL bag
1030	12G 1/2" 1000 mL bag
1045	12G 1/2" 1000 mL bag
1100	12G 1/2" 1000 mL bag
1115	12G 1/2" 1000 mL bag
1130	12G 1/2" 1000 mL bag
1145	12G 1/2" 1000 mL bag
1200	12G 1/2" 1000 mL bag
1215	12G 1/2" 1000 mL bag
1230	12G 1/2" 1000 mL bag
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1830	12G 1/2" 1000 mL bag
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1900	12G 1/2" 1000 mL bag
1915	12G 1/2" 1000 mL bag
1930	12G 1/2" 1000 mL bag
1945	12G 1/2" 1000 mL bag
2000	12G 1/2" 1000 mL bag
2015	12G 1/2" 1000 mL bag
2030	12G 1/2" 1000 mL bag
2045	12G 1/2" 1000 mL bag
2100	12G 1/2" 1000 mL bag
2115	12G 1/2" 1000 mL bag
2130	12G 1/2" 1000 mL bag
2145	12G 1/2" 1000 mL bag
2200	12G 1/2" 1000 mL bag
2215	12G 1/2" 1000 mL bag
2230	12G 1/2" 1000 mL bag
2245	12G 1/2" 1000 mL bag
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2645	12G 1/2" 1000 mL bag
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2800	12G 1/2" 1000 mL bag
2815	12G 1/2" 1000 mL bag
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3000	12G 1/2" 1000 mL bag
3015	12G 1/2" 1000 mL bag
3030	12G 1/2" 1000 mL bag
3045	12G 1/2" 1000 mL bag
3100	12G 1/2" 1000 mL bag
3115	12G 1/2" 1000 mL bag
3130	12G 1/2" 1000 mL bag
3145	12G 1/2" 1000 mL bag
3200	12G 1/2" 1000 mL bag
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3745	12G 1/2" 1000 mL bag
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3930	12G 1/2" 1000 mL bag
3945	12G 1/2" 1000 mL bag
4000	12G 1/2" 1000 mL bag
4015	12G 1/2" 1000 mL bag
4030	12G 1/2" 1000 mL bag
4045	12G 1/2" 1000 mL bag
4100	12G 1/2" 1000 mL bag
4115	12G 1/2" 1000 mL bag
4130	12G 1/2" 1000 mL bag
4145	12G 1/2" 1000 mL bag
4200	12G 1/2" 1000 mL bag
4215	12G 1/2" 1000 mL bag
4230	12G 1/2" 1000 mL bag
4245	12G 1/2" 1000 mL bag
4300	12G 1/2" 1000 mL bag
4315	12G 1/2" 1000 mL bag
4330	12G 1/2" 1000 mL bag
4345	12G 1/2" 1000 mL bag
4400	12G 1/2" 1000 mL bag
4415	12G 1/2" 1000 mL bag
4430	12G 1/2" 1000 mL bag
4445	12G 1/2" 1000 mL bag
4500	12G 1/2" 1000 mL bag
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4530	12G 1/2" 1000 mL bag
4545	12G 1/2" 1000 mL bag
4600	12G 1/2" 1000 mL bag
4615	12G 1/2" 1000 mL bag
4630	12G 1/2" 1000 mL bag
4645	12G 1/2" 1000 mL bag
4700	12G 1/2" 1000 mL bag
4715	12G 1/2" 1000 mL bag
4730	12G 1/2" 1000 mL bag
4745	12G 1/2" 1000 mL bag
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4915	12G 1/2" 1000 mL bag
4930	12G 1/2" 1000 mL bag
4945	12G 1/2" 1000 mL bag
5000	12G 1/2" 1000 mL bag
5015	12G 1/2" 1000 mL bag
5030	12G 1/2" 1000 mL bag
5045	12G 1/2" 1000 mL bag
5100	12G 1/2" 1000 mL bag
5115	12G 1/2" 1000 mL bag
5130	12G 1/2" 1000 mL bag
5145	12G 1/2" 1000 mL bag
5200	12G 1/2" 1000 mL bag
5215	12G 1/2" 1000 mL bag
5230	12G 1/2" 1000 mL bag
5245	12G 1/2" 1000 mL bag
5300	12G 1/2" 1000 mL bag
5315	12G 1/2" 1000 mL bag
5330	12G 1/2" 1000 mL bag
5345	12G 1/2" 1000 mL bag
5400	12G 1/2" 1000 mL bag
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5430	12G 1/2" 1000 mL bag
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5545	12G 1/2" 1000 mL bag
5600	12G 1/2" 1000 mL bag
5615	12G 1/2" 1000 mL bag
5630	12G 1/2" 1000 mL bag
5645	12G 1/2" 1000 mL bag
5700	12G 1/2" 1000 mL bag
5715	12G 1/2" 1000 mL bag
5730	12G 1/2" 1000 mL bag
5745	12G 1/2" 1000 mL bag
5800	12G 1/2" 1000 mL bag
5815	12G 1/2" 1000 mL bag
5830	12G 1/2" 1000 mL bag
5845	12G 1/2" 1000 mL bag
5900	12G 1/2" 1000 mL bag
5915	12G 1/2" 1000 mL bag
5930	12G 1/2" 1000 mL bag
5945	12G 1/2" 1000 mL bag
6000	12G 1/2" 1000 mL bag
6015	12G 1/2" 1000 mL bag
6030	12G 1/2" 1000 mL bag
6045	12G 1/2" 1000 mL bag
6100	12G 1/2" 1000 mL bag
6115	12G 1/2" 1000 mL bag
6130	12G 1/2" 1000 mL bag
6145	12G 1/2" 1000 mL bag
6200	12G 1/2" 1000 mL bag
6215	12G 1/2" 1000 mL bag
6230	12G 1/2" 1000 mL bag
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6315	12G 1/2" 1000 mL bag
6330	12G 1/2" 1000 mL bag
6345	12G 1/2" 1000 mL bag
6400	12G 1/2" 1000 mL bag
6415	12G 1/2" 1000 mL bag
6430	12G 1/2" 1000 mL bag
6445	12G 1/2" 1000 mL bag
6500	12G 1/2" 1000 mL bag
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6600	12G 1/2" 1000 mL bag
6615	12G 1/2" 1000 mL bag
6630	12G 1/2" 1000 mL bag
6645	12G 1/2" 1000 mL bag
6700	12G 1/2" 1000 mL bag
6715	12G 1/2" 1000 mL bag
6730	12G 1/2" 1000 mL bag
6745	12G 1/2" 1000 mL bag
6800	12G 1/2" 1000 mL bag
6815	12G 1/2" 1000 mL bag
6830	12G 1/2" 1000 mL bag
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6915	12G 1/2" 1000 mL bag
6930	12G 1/2" 1000 mL bag
6945	12G 1/2" 1000 mL bag
7000	12G 1/2" 1000 mL bag
7015	12G 1/2" 1000 mL bag
7030	12G 1/2" 1000 mL bag
7045	12G 1/2" 1000 mL bag
7100	12G 1/2" 1000 mL bag
7115	12G 1/2" 1000 mL bag
7130	12G 1/2" 1000 mL bag
7145	12G 1/2" 1000 mL bag
7200	12G 1/2" 1000 mL bag
7215	12G 1/2" 1000 mL bag
7230	12G 1/2" 1000 mL bag
7245	12G 1/2" 1000 mL bag
7300	12G 1/2" 1000 mL bag
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7330	12G 1/2" 1000 mL bag
7345	12G 1/2" 1000 mL bag
7400	12G 1/2" 1000 mL bag
7415	12G 1/2" 1000 mL bag
7430	12G 1/2" 1000 mL bag
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7645	12G 1/2" 1000 mL bag
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7715	12G 1/2" 1000 mL bag
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7745	12G 1/2" 1000 mL bag
7800	12G 1/2" 1000 mL bag
7815	12G 1/2" 1000 mL bag
7830	12G 1/2" 1000 mL bag
7845	

EMERGENCY ROOM RECORD
KANE COMMUNITY HOSPITAL
KANE, PA 16735

Patient Name: MOSHIER, DONALD

Patient #/Admission #: 31916 / 286109

Age: 43

Admit Date/Time: 04/14/05 / 12.07

Date of Birth: 08/18/1961

Mode of Arrival: VAN

Sex: M

Home Phone: 8143628900

Time seen by physician:

HPI: History of Present Illness: 1-3 elements = Level 1, 2, or 3 4 elements = Level 4 or 5

Context (story):

Modifying factors:

Associated signs and symptoms:

Severity

43 y/o male - epigastric pain - x3-4 days constant -
 radiated to back - worse & cough & deep breathing
 nausea - no vomiting or diarrhea - claims to have
 blood in stool 3 days ago - "when had some pain." -
 No fever, chills, cough, SOB (dyspnea) -
 claims he has a "fever" - (2) U/G that is also sore
 Recent labs - 4/5 - WBC 1,800 Hct 38%
 Pltlet Cnt 77,000
 Hx of Hepatitis C & Hepatic failure - Interferon/Rilimax
 Chronic Bronchitis/Asplenium/ABX
 Meds - Interferon, Rilimax, APT, Doxycycline
 Allentac Zantac.
 Timing

REVIEW OF SYSTEMS (elaborate positive findings) 0=Level 1 1=Level 2 or 3 2-9=Level 4 10 or "all other systems negative"=Level 5

Constitutional	N	Y	Comments	Genitourinary	N	Y	Comments
Fever, sweats				Frequent urination			
Sleep problems				Painful, difficult urination			
Fatigue				DC/bleeding			
Weight gain or weight loss				Incontinence			
Skin				Musculoskeletal			
Rashes			- acne - back	Muscle aches, arthritis			
Ulcers				Falls			
Eyes				Gait disorders			
Dry eyes or irritation				Neurological			
Vision loss or disturbance				Headaches			
Ears/nose/mouth/throat				Focal weakness, numbness			
Ear pain				Dizziness, faintness, numbness			
Hearing loss				Psychiatric			
Nose, sinus problems, snoring				Anxiety, depressed mood			
Dry mouth, ulcers, sore throat				Memory loss			
Respiratory				Behavioral changes			
SOB/DOE				Endocrine			
Cough				Heat or cold intolerance			
Cardiovascular				Excessive thirst			
Chest pain or palpitations				Hematologic/Lymphatic			
Edema				Easy bleeding or bruising			
Claudication				Known lymphadenopathy			
Gastrointestinal				Allergic/Immunologic			
Indigestion or "heartburn"				Allergic symptoms			
Nausea or vomiting				All other systems negative			
Constipation or diarrhea				Additional Comments:			
Difficulty swallowing							
Abdominal pain							

 Established problem (to examiner): Stable, improved Established problem (to examiner): Worsening

000317

KANE COMMUNITY HOSPITAL
KANE, PA

DISCHARGE SUMMARY

NAME: DONALD MOSHIER

ADMITTED: 04/14/2005

DISCHARGED: 04/16/2005

MED REC #: 31916

ADM #: 286109

ADMISSION DIAGNOSIS: Acute cholecystitis

DISCHARGE DIAGNOSIS: Non-cardiogenic chest pain

Probable chronic cholecystitis without cholelithiasis

History of cirrhosis and hepatitis C

Costochondritis

HISTORY: The patient is a 43-year-old male admitted with the history described in his history and physical. He was seen initially from the emergency room where he was complaining of nausea and two weeks of abdominal pain. He described this as mid-epigastric, mid-chest pain actually radiating into his back. He was admitted because of an abnormal ultrasound which was indicative in the radiologist's opinion of acute cholecystitis because of gallbladder wall thickening. There was no enlargement of the common duct. There was no stone seen and his presentation was mildly atypical in this regard. Be that as it may, he was admitted with further work-up for his chest pain, a differential diagnosis entertained. CAT scan of the chest showed no evidence of PE, cardiac isoenzymes were negative. Chest x-ray was unremarkable. EKGs were unremarkable. An upper endoscopy showed no evidence of ulcerations and there were no varices. His pain seemed mostly reproducible, mid-epigastric, more mid-sternal with reproduction and seemed more consistent with costochondritis. His SED rate was slightly elevated. A D Dimer was pending at this time. Generally pulmonary embolism, coronary disease, peptic ulcer disease, aneurismal changes were excluded during his work-up. It was probable that the patient's pain was related to costochondritis. He was advised as per progress note date of discharge, any worsening changing symptoms need further evaluation. A further work-up is necessary perhaps in terms of his gallbladder but definitely in terms of a stress test and echocardiogram to assess any possibility of coronary disease; this can be done as an outpatient in my opinion. In the meantime the patient will continue on Ibuprofen, Tylenol, Interferon, Ribavirin and Amoxicillin 500 mg. t.i.d. Any worsening symptoms, he should be re-evaluated pending these other diagnostic studies. This was described for him in detail and he understood this at the time of discharge.


 GARY ANDERSON, D.O.

D: 04/16/2005 0940

T: 04/16/2005 1228

GLA/kb

KANE COMMUNITY HOSPITAL
KANE, PA

HISTORY AND PHYSICAL

Name: DONALD MOSHIER
Admission Date: 04/14/2005
Admission #: 286109
MR#: 31916

CHIEF COMPLAINT: Two weeks of mid epigastric pain.

HPI: The patient is a 43-year-old male with a history of cirrhosis, chronic hepatitis C and was referred from FCI McKean because of chest pain, substernal pain, epigastric area pain. He states he has been having this on and off for the last couple of weeks. It has been worse, especially the last couple days, almost steady. He describes it mostly in his mid chest, into his mid back with some nausea, but no vomiting. He can't eat, although he states his appetite is generally good. He was seen in the emergency room, subsequent CT scan, ultrasound indicative of acute on chronic cholecystitis. He was given Toradol in the ER and his xiphoid area injected, that seemed to help somewhat. He has had no other change in bowel or bladder habits. Denies any hematochezia, hematemesis. He has a notable history for chronic hepatitis C and diagnosed with cirrhosis by a liver biopsy done in Bradford.

PMH: Significant for lumbar disc disease. He has had an appendectomy done years ago. He has had patellar fracture in his left knee in the past.

MEDICATIONS: Ribavirin, Interferon which caused some pancytopenia according to Dr. Bean. He has been on that since October.

SH: Former smoker, quit in December. Heavy drinker but has also quit and has had Hepatitis C secondary to IV cocaine years ago.

ALLERGIES: Rice.

FH: Mother is alive with diabetes. Father is terminal with cancer and diabetes.

REVIEW OF SYSTEMS:

GENERAL: No fever or chills, weight change, or appetite disturbance. EYES: No visual changes, blurred vision, or double vision. ENT: No hearing loss or tinnitus. No nosebleeds or sinus congestion. No hoarseness or difficulty swallowing. CARDIAC: No chest pain, palpitations, or lightheadedness. LUNGS: No productive coughing, wheezing, or hemoptysis. GI: As above. GU: No dysuria, frequency, or urgency. MSK: No clubbing, cyanosis, or edema. No arthralgia. HEMATOLOGIC-LYMPHATIC: No swollen glands, abnormal bruising, or bleeding. ENDOCRINE: No polyuria, polydipsia, heat or cold intolerance. NEUROLOGICAL: No headaches, paresthesia, weakness, numbness, or tremors.

000319

KANE COMMUNITY HOSPITAL
KANE, PA

HISTORY AND PHYSICAL

DONALD MOSHIER (continuation)

ALLERGIES: No sneezing, itchy eyes, or rashes.

PHYSICAL EXAM:

GENERAL APPEARANCE: He appears well, in no distress.

VITALS: T--98, P--84, R--20, BP--142/84.

EYES: Nonicteric. Pupils equal and reactive to light and symmetrical.

EARS, NOSE, THROAT, NECK: Head is normocephalic. Neck is supple without palpable masses. No thyromegaly. Hearing intact to voice. External ears normal. Nares patent. Pharyngeal area clear. No bruits auscultated. Carotid upstroke normal.

HEART: Regular. PMI is in normal position. No lift or heave noted. No S3 gallop.

LUNGS: Clear to auscultation. No rales, rhonchi, or wheezes.

CHEST: Normal excursion and AP diameter. No accessory muscle usage.

GASTROINTESTINAL: Tender in the mid epigastric area. No rebound or guarding. Good bowel sounds in all quadrants. No pulsatile lesions.

HEMATOLOGIC-LYMPHATIC: No adenopathy in the neck or groin.

MUSCULOSKELETAL: No cyanosis, clubbing, or edema.

SPINE: No tenderness or spasm.

PULSE: Radial pulses symmetrical. Femoral pulses palpable and symmetrical.

NEUROLOGIC: No focality. Reflexes symmetrical. Sensory motor exam intact.

SKIN: No rashes or suspicious nevi. Good turgor.

LABORATORY DATA: Ultrasound of the gallbladder shows a distended gallbladder filled with sludge, very thick edematous wall, apparently no stones were seen but consistent with acute cholecystitis according to the radiologist. Urinalysis showed no evidence of bilirubin, positive nitrite, 4+ bacteria. Amylase 44, bilirubin elevated at 1.4, transaminase is 89.65, alkaline phosphatase was 64, BUN 16, creatinine 0.9, sodium 137, potassium 3.9, troponin 0.1, CPK 37, white count 2.4, hemoglobin 2.9, platelets 94, 67% segs and approximately 12 to 1400 neutrophils. EKG shows sinus mechanism.

000320

KANE COMMUNITY HOSPITAL
KANE, PA

HISTORY AND PHYSICAL

DONALD MOSHIER (continuation)

IMPRESSION: A 43-year-old male presenting with a history of cirrhosis, mid epigastric pain, abnormal gallbladder on ultrasound. Differential diagnosis to include cholecystitis acute or chronic, peptic ulcer disease, musculoskeletal pain, doubt myocardial or cardiopulmonary etiologies. Rectal done in the ER heme negative.

PLAN: The patient is admitted to the hospital, started on Toradol for pain, continued on Interferon, Ribavirin, Unasyn intravenously, Albuterol mini nebs. He will be kept NPO after midnight for upper endoscopy tomorrow morning. Risks and benefits were discussed, including the risk of puncturing his stomach, side effects from sedating medication or bleeding. Surgical consultation may be required.


GARY ANDERSON, D.O.

D: 04/14/2005 1706
T: 04/15/2005 0729
GLA:sln

MOSHIER, DONALD 124-2
 PO BOX 6000
 BRADFORD PA 16701
 08/18/1961 31916/
 ANDERSON, GARY 04/14/05 286109
 111111111 M 43 INPATIENT

Height: Weight:
 Drug Allergies

PHYSICIAN'S ORDERS

Stopping of an order should be written as a specific order
 Automatic Stop Order: Medication orders will follow the policy and procedure on administration of medications. I hereby authorize Kane Community Hospital Pharmacy to dispense a generic equivalent (under the formulary system) unless otherwise indicated.

Date & Time	Order	Nurse's Initials
	1. Electropen a	
	2. Hepatitis C - Hepatic Failure	
	3. Acute cholecystitis, UTI, Kyphoid Tenderness	
4/14/05 10:00 AM	①. Admit Dr Anderson -	
4:45 PM	②. IV 0.9 NS 2 L 25 ml/h - ✓	
	③. NPO	
	④. Activities - as tolerated ✓	
	⑤. Vitals q 40 -	
	⑥. Labs CBC, Basic Liver profile - ✓ done	
	UA - PT, TT, Bile, Creatinine, Crs	
	⑦. Blood & fluid precautions - Hep C ✓	
	⑧. CPR - PA / Lat - ✓	
	⑨. 13 KG - done ✓	
	⑩. CT Scan Abdomen / Pelvis - done ✓	
	⑪. G/B Sonogram - done ✓	
	⑫. Meds & Toradol 30mg IV q 6° prn pa ✓	
	b) Interferon 100ug SQ q 8 hours ✓	
	c) Rilixinim 600mg po bid ✓	
	d) Ursodiol - 3 grams IV q 6° ✓	
	⑬. Allental MOT - 2 puffs q 40° prn endotracheal ✓	
	⑭. Lactase 5cc po bid ✓	
	⑮. Further orders problems contact Dr Anderson.	
	4/14/05 NPO p.m. night, comfort diet tonight ✓	
	Call OR to add for EGD in AM at 8AM ✓	

PLEASE! USE BALL POINT PEN ONLY

PHYSICIAN'S ORDERS

000322

Amylase, Lipase in ER labs ✓

MOSHIER, DONALD 124-2
PO BOX 6000
BRADFORD PA 16701
09/18/1981 31916/
ANDERSON, QARY 04/14/05 288109
111111111 M 43 INPATIENT

PHYSICIAN'S ORDERS

Stopping of an order should be written as a specific order
Automatic Stop Order: Medication orders will follow the policy and procedure on administration of medications. I hereby authorize Kane Community Hospital Pharmacy to dispense a generic equivalent (under the formulary system) unless otherwise indicated.

Height: _____ Weight: _____
Drug Allergies _____

PLEASE! USE BALL POINT PEN ONLY

PHYSICIAN'S ORDERS

DONALD MOSHIER
04/15/2005

Don this morning is still complaining of pain in his mid-chest area. It hurts to take a deep breath. It has been pretty much persistent all night. He has had no nausea or vomiting associated with it. He describes it mostly in the mid-epigastric area radiating into his back.

VITAL SIGNS: He is afebrile. P-64 BP-134/88, ranging 88 to 100 systolic.

On exam, his neck is supple, there is no jugular venous distention. His heart is regular, there is no S3 gallop or rub. Lungs are clear, no rales or rhonchi. He has some reproducible pain in his mid-epigastric and mid-chest area. Abdomen is soft, non-distended. Extremities show no edema.

LABORATORY DATA: His white count and hemoglobin from yesterday noted. His INR was 1.2, amylase 44, troponin 0.01.

DIAGNOSTIC IMPRESSION: 1. Mid-epigastric pain
2. Presumptive acute cholecystitis based on scans; no stones in the gallbladder however. Pain and symptoms mildly atypical but still possibly consistent with cholecystitis.

PLANS: The patient is scheduled for an upper endoscopy this morning to exclude any possibility of ulceration or peptic disease. Risks, benefits of endoscopic procedure discussed with the patient including the risk of puncturing his stomach, side effects from sedating medication or bleeding related to the procedure. He did agree today.


GARY ANDERSON, D.O.

D: 04/15/2005 0719
T: 04/15/2005 1052
GLA/kb

000324

DONALD MOSHIER
04/16/2005

Don this morning continuing to complain of pleuritic type chest pain substernally. He states that when he takes a deep breath it hurts below his chest, in his mid-epigastric area. He has had no shortness of breath, productive coughing, indigestion, no further nausea. He has been able to tolerate his diet without difficulty. He has had no other changes in his bowel or bladder habits, no fevers or chills, or viral symptoms.

On physical examination, he generally is in no distress, appears relaxed. T-97 P-68 BP-150/78

On exam, his neck is supple, no JVD. His heart is regular, there is no S3 gallop or rub. His lungs are clear, there are no rales, rhonchi or wheezes. There is no pleuritic friction rub and no evidence of a rub over the chest. The abdomen is soft, tender in the mid-epigastric area, over the sternum and xiphoid. He has good bowel sounds. He has no right upper quadrant tenderness, no guarding or rebound.

LABORATORY DATA: CAT scan report is still pending. I did look at it myself. I don't see any obvious clot, no infiltrates in the lung, no evidence of pericardial effusion. An echocardiogram ordered yesterday was not done. The patient's SED rate is slightly elevated at 16. CPK 49, troponin 0.1 yesterday.

DIAGNOSTIC IMPRESSION: Chest pain which is reproducible, pleuritic in quality. Initial cardiac work-up is negative. His ultrasound of his gallbladder and CAT scan were suspicious regarding cholecystitis so those presentations somewhat atypical in my opinion, no stones, no fever. He is tolerating his diet without nausea. His pain location mid-epigastric. His CAT scan reviewed shows no evidence of an aneurysm. His risk factors for PE are generally low.

PLANS: Awaiting CAT scan report. In my opinion his symptoms are mostly musculoskeletal at this time but cannot exclude a pulmonary embolism definitively. D Dimers are sent out and not back. Will await CAT scan report but the situation described, the patient, my feeling is that it is musculoskeletal. Any changing symptoms, worsening symptoms, unresolving symptoms need further work-up. He should be adequate to treat him with antibiotics empirically for any possibility of cholecystitis. Ibuprofen or Tylenol as needed for pain. The patient is concerned because he is isolated over there and can't get the care that he may need. If the situation changes he may need to be observed an additional 24 hours pending the CAT scan report. His Ribavirin and Interferon to continue as an outpatient. His EGD reviewed with him again today.



GARY ANDERSON, D.O.

D: 04/16/2005 0928
T: 04/16/2005 1218
GLA/kb

DONALD MOSIER
04/16/2005
ADDENDUM

CAT scan reported negative. Verbal report from Radiology.

FINAL DIAGNOSIS: Musculoskeletal chest pain, rule out pleuritic chest pain

PLANS: The patient is stable for discharge.


GARY ANDERSON, D.O.

D: 04/1/6/2005 0940
T: 04/16/2005 1225
GLA/kb

000326

Associated Clinical Laboratories
CLIENT SERVICE 814.461.2400

SPECIMEN INFORMATION

SPECIMEN: ET858566X

REQUISITION: 4511870006269

LAB REF NO: 4511870006269

COLLECTED: 04/14/2005 20:02

RECEIVED: 04/15/2005 19:26

REPORTED: 04/15/2005 21:07

PATIENT INFORMATION
MOSHIER, DONALDDOB: 08/18/1961 Age: 43
GENDER: M

REPORT STATUS Final

ORDERING PHYSICIAN

ANDERSON G

CLIENT INFORMATION

451187

KANE COMMUNITY HOSPITAL
NORTH FRALEY STREET
KANE, PA 16753

COMMENTS: 124

Test Name	In Range	Out of Range	Reference Range	Lab
LIPASE, SERUM	261		114-286 U/L	A

Performing Laboratory Information:

A ASSOCIATED CLINICAL LABS 1526 PEACH STREET ERIE PA 16501

000327

Patient Name MOSHIER, DONALD				Patient Phone (814) 362-8900	Room/Bed
Diagnosis UNKNOWN				Ordered 04/14/2005 1242 BAA	Accession # 174468 STAT
Admitting Freeman, Richard				Scheduled 04/14/2005 1235 BAA	Spec # 362143
Ordering Freeman, Richard				Collected 04/14/2005 1254 MLW	MR # 31916
Attending Freeman, Richard				Received 04/14/2005 1255 PLH	Visit # 286109
Family					
Patient Type ER	DOB 08/18/1961	Sex M	Admit/Discharge Date Admit 04/14/2005 Dischg 04/14/2005		

Test	Result	Flag	Range	Units	Date/Time/Tech	
CHEMISTRY						
AMYLASE	44		29-103	U/L	4/14/2005	1350 MLW
LIVER PROFILE						
TP	7.1		5.4 - 8.1	g/dl	4/14/2005	1356 MLW
ALBUMIN	4.2		2.3 - 5.3	g/dl	4/14/2005	1358 MLW
GLOBULIN	2.9		2.6 - 3.1	g/dl	4/14/2005	1356 MLW
A/G RATIO	1.4		0.0 - 0.0		4/14/2005	1358 MLW
T BILI	* 1.4	H	0.1 - .9	mg/dl	4/14/2005	1358 MLW
D BILI	* 0.3	H	0.0 - .2	mg/dl	4/14/2005	1358 MLW
ALK PHOS	64		25 - 133	IU/L	4/14/2005	1356 MLW
ALT	* 89	H	3 - 35	iu/l	4/14/2005	1358 MLW
AST	* 65.0	H	16.0 - 38.0	iu/l	4/14/2005	1356 MLW
results repeated (04/14/2005 13:56 By MLW)						

Test	Result	Flag	Range	Units	Date/Time/Tech	
CHEMSCREEN						
GLUCOSE	87		75.0 - 129.0	mg/dl	4/14/2005	1350 MLW
BUN	16		9.0 - 26.0	mg/dl	4/14/2005	1350 MLW
CREAT	0.9		0.4 - 1.6	mg/dl	4/14/2005	1350 MLW
Na	137		134.0 - 144.0	mmol/L	4/14/2005	1350 MLW
K	3.9		3.3 - 5.3	mmol/L	4/14/2005	1350 MLW
Cl	103		98.0 - 114.0	mmol/L	4/14/2005	1350 MLW
TCO2	26		20.0 - 34.0	mmol/L	4/14/2005	1350 MLW
ANION GAP	12				4/14/2005	1350 MLW
Ca	8.6		8.6 - 11.2	mg/dl	4/14/2005	1350 MLW

Order Comments:

fmd dr anderson

At

Name: **MOSHIER, DONALD**
 MR #: **31916**
 Test: **LIVER PROFILE, CHEMSCREEN, AMYLASE**

Final Report
Page 1 of 1

Print: 4/14/2005 1:55:24PM

000328

Kane Community Hospi

North Fraley Street

Kane, PA 16735

814.837-8585

Laboratory Report

Final Report

Location:

Patient Name MOSHIER, DONALD				Patient Phone (814) 362-8900	Room/Bed
Diagnosis UNKNOWN				Ordered 04/14/2005 1243 BAA	Accession # 174470 STAT
Admitting Freeman, Richard				Scheduled 04/14/2005 1235 BAA	Spec # 362146
Ordering Freeman, Richard				Collected 04/14/2005 1254 MLW	MR # 31916
Attending Freeman, Richard				Received 04/14/2005 1255 PLH	Visit # 286109
Family					
Patient Type ER	DOB 08/18/1961	Sex M	Admit/Discharge Date Admit 04/14/2005 Dischg 04/14/2005		

Test	Result	Flag	Range	Units	Date/Time/Tech
CHEMISTRY					
TROPONIN I	0.01		<.40	ng/ml	4/14/2005 1357 MLW

Order Comments:

af

Name: **MOSHIER, DONALD**
 MR #: **31916**
 Test: **TROPONIN I**

Final Report
Page 1 of 1

Print: 4/14/2005 1:55:18PM

000329

Patient Name MOSHIER, DONALD	Patient Phone (814) 362-8900	Room/Bed
Diagnosis UNKNOWN	Ordered 04/14/2005 1243 BAA	Accession # 174470 STAT
Admitting Freeman, Richard	Scheduled 04/14/2005 1235 BAA	Spec # 362145
Ordering Freeman, Richard	Collected 04/14/2005 1254 MLW	MR # 31916
Attending Freeman, Richard		
Family	Received 04/14/2005 1255 PLH	Visit # 286109
Patient Type ER	DOB 08/18/1961 Sex M Admit/Discharge Date 04/14/2005	
	Dischg 04/14/2005	

Test	Result	Flag	Range	Units	Date/Time/Tech
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CHEMISTRY

CPK	37.0		4.0 - 230.0	iu/l	4/14/2005 1348 MLW
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Order Comments:

Name: **MOSHIER, DONALD**
 MR #: **31916**
 Test: **CPK**

Final Report
Page 1 of 1

Print: 4/14/2005 1:47:47PM

AL
000330

Kane Community Hospi

North Fraley Street

Kane, PA 16735

814.837-8585

Laboratory Report

Final Report

Location:

Patient Name MOSHIER, DONALD	Patient Phone (814) 362-8900	Room/Bed
Diagnosis UNKNOWN	Ordered 04/14/2005 1307 BAA	Accession # 174480 STAT
Admitting Freeman, Richard	Scheduled 04/14/2005 1305 BAA	Spec # 362158
Ordering Freeman, Richard	Collected 04/14/2005 1308 amb	MR # 31916
Attending Freeman, Richard		
Family		
Patient Type ER	DOB 08/18/1961 Sex M Admit/Discharge Date Admit 04/14/2005 Dischg 04/14/2005	Received 04/14/2005 1308 AMB
		Visit # 286109

Test	Result	Flag	Range	Units	Date/Time/Tech
UA	O				
URINE WITH MICROSCOPIC					
COLOR	Yellow				4/14/2005 1426 MLW
APPEARANCE	Clear				4/14/2005 1426 MLW
LEUKOCYTE	Negative		NEGATIVE		4/14/2005 1426 MLW
NITRITE	Positive		NEGATIVE		4/14/2005 1426 MLW
UROBILINOPEN	1.0 EU/dL				4/14/2005 1426 MLW
PROTEIN(UA)	negative		0 - 0		4/14/2005 1426 MLW
confirmed (04/14/2005 14:26 By MLW)					
pH	6.0				4/14/2005 1426 MLW
BLOOD	Trace		NEGATIVE		4/14/2005 1426 MLW
SP GRAVITY	1.025				4/14/2005 1426 MLW
KETONES	Negative		NEGATIVE		4/14/2005 1426 MLW
BILIRUBIN,(UA)	Negative		NEGATIVE		4/14/2005 1426 MLW
GLUCOSE UA	Negative		NEGATIVE		4/14/2005 1426 MLW
MICRO-WBC	0-5 /hpf		NEGATIVE		4/14/2005 1426 MLW
MICRO-BACTERIA	4+		NEGATIVE		4/14/2005 1426 MLW
C&S IF INDICATE	1				4/14/2005 1426 MLW

Order Comments:

DO YOU WANT A C&S IF UA IS POSITIVE?: yes, clean catch
 URINE WITH MICROSCOPIC: Ordered as laboratory reflex order

Name: **MOSHIER, DONALD**
 MR #: **31916**
 Test: **URINE WITH MICROSCOPIC**

Final Report
Page 1 of 1

Print: 4/14/2005 2:24:55PM

000331

Kane Community Hospi

North Fraley Street

Kane, PA 16735

814.837-8585

Final Report

Laboratory Report

Final Report

Location:

Patient Name MOSHIER, DONALD		Patient Phone (814) 362-8900	Room/Bed M/S 124 2
Diagnosis UNKNOWN, ESI-3		Ordered 04/14/2005 1242 BAA	Accession # 174468 STAT
Admitting Anderson, Gary		Scheduled 04/14/2005 1235 BAA	Spec # 362142
Ordering Freeman, Richard		Collected 04/14/2005 1254 MLW	MR # 31916
Attending Anderson, Gary		Received 04/14/2005 1254 PLH	Visit # 286109
Family			
Patient Type INPATIENT	DOB 08/18/1961	Sex M	Admit/Discharge Date Admit 04/14/2005 Dischg

Test	Result	Flag	Range	Units	Date/Time/Tech	
COAG						
PTT	28.0		0.0 - 45.0	sec	4/14/2005	2039 JLZ
PROTHROMBIN TIME PT						
PT	13.3		9.6 - 13.6	sec	4/14/2005	2039 JLZ
INR	* 1.2	L	2.0 - 3.0	INR	4/14/2005	2039 JLZ
### EXCEPT FOR MECHANICAL PROSTHETIC VALVES AND POST - MYOCARDIAL INFARCTION INR = 2.5-3.5						

Order Comments:

for dr anderson
Added Draw Charge

Name: **MOSHIER, DONALD**MR #: **31916**Test: **PROTHROMBIN TIME PT, (PTT) PARTIAL THROMBOPLA, VENIPUNCTURE**

Final Report

Page 1 of 1

Print: 4/14/2005 8:37:55PM

000332

Kane Community Hospi

North Fraley Street

Kane, PA 16735

814.837-8585

Laboratory Report

Final Report

Location:

Patient Name MOSHIER, DONALD		Patient Phone (814) 362-8900	Room/Bed M/S 124 2
Diagnosis UNKNOWN, ESI-3		Ordered 04/14/2005 1426 BAA	Accession # 174480 STAT
Admitting Anderson, Gary		Scheduled 04/14/2005 1305 BAA	Spec # 362177
Ordering Freeman, Richard		Collected 04/14/2005 1308 amb	MR # 31916
Attending Anderson, Gary		Received 04/14/2005 1427 MLW	Visit # 286109
Family			
Patient Type INPATIENT	DOB 08/18/1961	Sex M	Admit/Discharge Date Admit 04/14/2005 Dischg

Test	Result	Flag	Range	Units	Date/Time/Tech
MICRO					
URINE C & S					
SOURCE	CLEAN CATCH				4/15/2005 1445 JLZ
COLONY COUNT	NO GROWTH				4/15/2005 1445 JLZ
PRELIMINARY	See Comment				4/15/2005 1445 JLZ
FINAL	NO GROWTH				4/15/2005 1445 JLZ
NO FURTHER TESTING PERFORMED. (04/15/2005 14:45 By JLZ)					

Order Comments:

DO YOU WANT A C&S IF UA IS POSITIVE?: yes, clean catch
 URINE WITH MICROSCOPIC: Ordered as laboratory reflex order
 URINE C & SOrder Added As Laboratory Reflex Order

Name: **MOSHIER, DONALD**
 MR #: **31916**
 Test: **URINE C & S**

Final Report
Page 1 of 1

Print: 4/15/2005 2:43:35PM

000333

Kane Community Hospi

Laboratory Report

North Fraley Street

Final Report

Kane, PA 16735

Location:

Patient Name MOSHIER, DONALD		Patient Phone (814) 362-8900	Room/Bed
Diagnosis UNKNOWN		Ordered 04/14/2005 1242 BAA	Accession # 174468 STAT
Admitting Freeman, Richard		Scheduled 04/14/2005 1235 BAA	Spec # 362141
Ordering Freeman, Richard		Collected 04/14/2005 1254 MLW	MR # 31916
Attending Freeman, Richard		Received 04/14/2005 1254 PLH	Visit # 286109
Family			
Patient Type ER	DOB 08/18/1961	Sex M	Admit/Discharge Date Admit 04/14/2005 Dischg 04/14/2005

Test	Result	Flag	Range	Units	Date/Time/Tech
------	--------	------	-------	-------	----------------

HEMATOLOGY**CBC W/ MANUAL DIFF**

WBC	* 2.4	L	4.80 - 10.80	x 10 ³	4/14/2005	1346 MLW
RBC	* 4.04	L	4.70 - 6.10	x 10 ⁶	4/14/2005	1346 MLW
HGB	* 12.9	L	14.0 - 18.0	g/dl	4/14/2005	1346 MLW
HCT	* 37.4	L	42.0 - 52.0	%	4/14/2005	1346 MLW
MCV	93		80 - 99	fl	4/14/2005	1346 MLW
MCH	* 31.9	H	27.0 - 31.0	pg	4/14/2005	1346 MLW
MCHC	34.5		33.0 - 37.0	g/dl	4/14/2005	1346 MLW
PLT	* 94	L	130 - 400	x 10 ³	4/14/2005	1346 MLW
RDW	16.4		11.6 - 16.5	%	4/14/2005	1346 MLW
MPV	10.7		7.4 - 11.0	fl	4/14/2005	1346 MLW
LYMPH	24.3		15.0 - 41.0	%	4/14/2005	1346 MLW
MIXED	* 12.8	H	1.7 - 9.3	%	4/14/2005	1346 MLW
GRAN	62.9		42.2 - 75.2	%	4/14/2005	1347 MLW
MDIFF SEGS	* 67	H	35 - 65	%	4/14/2005	1347 MLW
MDIFF LYMPH	* 24	L	25 - 45	%	4/14/2005	1347 MLW
MDIFF MONO	8		1 - 8	%	4/14/2005	1347 MLW
MDIFF EOSO	1		0 - 4	%	4/14/2005	1347 MLW
RBC MORPH	See Comments				4/14/2005	1347 MLW
2+ ANISOCYTOSIS						
2+ MACROCYTOSIS						

Order Comments:

fmd dr anderson

CBC WITH MANUAL DIFF: Ordered as laboratory reflex order

CBC W/ MANUAL DIFF: Ordered as laboratory reflex order

af

Name: **MOSHIER, DONALD**
 MR #: **31916**
 Test: **CBC W/ MANUAL DIFF**

Final Report
Page 1 of 1

Print: 4/14/2005 1:45:57PM

000334

Associated Clinical Laboratories
CLIENT SERVICE 814.461.2400

PATIENT INFORMATION
MOSHIER, DONALD

REPORT STATUS **Final**

DOB: 08/18/1961 Age: 43
GENDER: M

ORDERING PHYSICIAN
ANDERSON, GARY

SPECIMEN INFORMATION

SPECIMEN: ET8592841
REQUISITION: 4511870006289
LAB REF NO: 4511870006289

ID: 31916

CLIENT INFORMATION
451187
KANE COMMUNITY HOSPITAL
NORTH FRALEY STREET
KANE, PA 16753

COLLECTED: 04/15/2005 08:35
RECEIVED: 04/15/2005 19:01
REPORTED: 04/15/2005 20:46

COMMENTS: 124-2

Test Name

D-DIMER

D-DIMER (EIA)

In Range Out of Range Reference Range Lab

338 < 500 ng/mL

THIS ASSAY IS A QUANTITATIVE
ELISA INTENDED FOR USE AS AN AID
IN THE DIAGNOSIS OF PE AND DVT
WITH A HIGH NEGATIVE PREDICTIVE
VALUE.

A

Performing Laboratory Information:

A ASSOCIATED CLINICAL LABS 1526 PEACH STREET ERIE PA 16501

000335

Preliminary Radiology Report

Patient Name Donald W. S.

Physician Name Donald S. Date 10-15-07

ER ICU INPT EZ OP

Exam(s) CT Chest

Report

without & with oral contrast

Normal

H L

Radiologist Signature _____

Verbal report date and time _____

Radiologist giving verbal _____

Technologist taking verbal report _____

Preliminary Radiology Report

Patient Name Donald Moshier

Physician Name _____ Date _____

ER ✓ ICU _____ INPT _____ OP _____

Exam(s) _____

Report U.S. of Upper abdomen

Distended gall-bladder, filled with sludge
and very thick ~~and~~ edematous wall.

Consistent with acute cholecystitis.



Radiologist Signature _____

Verbal report date and time _____

Radiologist giving verbal _____

Technologist taking verbal report _____

KANE COMMUNITY HOSPITAL
KANE, PA

RADIOLOGY REPORT

NAME: DONALD MOSHIER
PO BOX 5000
BRADFORD , PA 16701
814-3628900

MED REC #: 31916 ADM #: 286109

DATE OF BIRTH: 08/18/1961 AGE: 43Y

PHYSICIAN: RICHARD E FREEMAN, M.D.

ROOM: INPATIENT

DATE OF EXAM: 04/14/2005

X-RAY #: 36625

Clinical information: Chest pain, right upper abdominal pain, history of cirrhosis and hepatitis. Gallbladder disease.

ULTRASOUND OF THE UPPER ABDOMEN:

The liver is ultrasonographically normal. However, predominantly functional hepatocellular disease may not be demonstrable ultrasonographically and further clinical correlation is requested. There are no space occupying lesions within the liver.

There is no dilatation of the biliary duct system and the common bile duct measures 4.0 mm.

The gallbladder is moderately distended. It is filled with sludge. The gallbladder wall is significantly thickened, measuring up to 10.0 mm. There is no pericholecystic fluid collection. However, from the overall appearance, the findings would be consistent with acute cholecystitis.

There are no other significant findings.

IMPRESSION: Changes in the gallbladder which are consistent with acute cholecystitis as discussed above. Clinical correlation is also requested. If there is any question clinically, then further evaluation with HIDA scan may also be judicious.


JAMIL SARFRAZ, M.D.
RADIOLOGIST

D: 04/14/2005 1628

T: 04/15/2005 1435

JS:sln

000338

KANE COMMUNITY HOSPITAL
KANE, PA

RADIOLOGY REPORT

NAME: DONALD MOSHIER
PO BOX 5000
BRADFORD , PA 16701
814-3628900

MED REC #: 31916 ADM #: 286109

DATE OF BIRTH: 08/18/1961

AGE: 43Y

PHYSICIAN: RICHARD E FREEMAN, M.D.
DATE OF EXAM: 04/14/2005

ROOM: INPATIENT

X-RAY #: 36625

Clinical information: Substernal chest pain radiating to the back; back pain; gallstones; status post appendectomy.

CHEST - PA AND LATERAL VIEWS:

The study is normal.

CT SCAN OF THE ABDOMEN AND CT SCAN OF THE PELVIS:

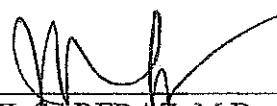
The study was performed without and then with intravenous contrast administration. Oral contrast medium was also administered.

The following observations are made:

1. The liver, spleen, pancreas, adrenal glands, and the kidneys are normal.
2. The gallbladder wall is thickened and edematous. The appearance is consistent with acute cholecystitis. Within the gallbladder, there is rim-like density which either is part of thickened inflamed wall, or may represent partially calcified calculus. Further correlation with ultrasound examination may also be helpful.
3. There is no dilatation of the biliary duct system.
4. The remainder of the CT scan of the abdomen and CT scan of the pelvis are unremarkable.

IMPRESSION: Evidence of acute cholecystitis. Further correlation with ultrasound examination is also requested.

The remainder of the examination is unremarkable.


JAMIL SARFRAZ, M.D.
RADIOLOGIST

D: 04/14/2005 1535

T: 04/15/2005 1421

JS:sln

000339

**KANE COMMUNITY HOSPITAL
KANE, PA**

RADIOLOGY REPORT

NAME: DONALD MOSHIER
PO BOX 5000
BRADFORD , PA 16701
814-3628900

MED REC #: 31916 ADM #: 286109

DATE OF BIRTH: 08/18/1961 AGE: 43Y

PHYSICIAN: GARY ANDERSON, D.O.

ROOM: INPATIENT

DATE OF EXAM: 04/15/2005

X-RAY #: 36625

Clinical information: Mid epigastric and lower chest pain. Acute cholecystitis.

CT SCAN OF THE CHEST:

The study was performed without and then with intravenous contrast administration.

The examination is normal, specifically, there is no evidence of pulmonary embolism. There is no acute pneumonic infiltrate.


JAMIL SARFRAZ, M.D.
RADIOLOGIST

D: 04/15/2005 1822
T: 04/16/2005 0935
JS:sln

000340

FIND: ANDERSON

31916/286109

04/14/2005

11:27:04

Moshier, Donald L

Kane Community Hospital

43 years

Male

White

Rx: Chest Pain

DX:

NORMAL SINUS RHYTHM, RATE 82.....normal P axis, PR, rate & rhythm

280 lbs 73 ins BP: 170/100 Dept: er

Room: cardiac

Oper: img

Rate 82

PR 191

QRS 104

QT 354

QTc 413

--AXIS--

P 60

QRS 33

T 17

- NORMAL ECG -

COPY

RE

MD MUST REVIEW

Requested by:

Dr Freeman

000341

31916 / 286109 04/15/2005 09:33:00 AM MOSHIER, Donald

43 Years Male White

280 lbs 73 ins BP:

Dept: MS1
Room: 124-2
Oper: sb

The Kane Community hospital

Rx: Rate 67 . Normal sinus rhythm, rate 67.....

PR 199 Normal P axis, PR, rate & rhythm

QRS 99

QT 387

QTc 408

Dx:

--AXIS--

P 35

QRS 24

T 15

Requested by:
Dr Anderson

COPY

NARY ID MUST REVIEW

000342

Julie

NO PREVIOUS EKG AVAILABLE - NORMAL ECG -

KANE COMMUNITY HOSPITAL
KANE, PA

OPERATIVE REPORT

NAME: DONALD MOSHIER
MEDICAL RECORD #: 31916 ADM #: 286109
DATE: 04/15/2005

PREOPERATIVE DIAGNOSIS: Mid epigastric pain. Dyspepsia. Rule out peptic disease.

POSTOPERATIVE DIAGNOSIS: Mild gastritis. No esophageal varices, gastric or duodenal ulcers. Biopsies of the antrum to rule out Helicobacter.

OPERATION: Esophagogastroduodenoscopy

SURGEON: Gary Anderson, D.O.

ANESTHESIA: Intravenous sedation

PROCEDURE: The patient was admitted to the OR and identified, placed in the left lateral recumbent position. After appropriate intravenous sedation, after Cetacaine spray for local anesthesia a well lubricated endoscope was inserted into the first part of the esophagus and advanced by direct vision to the distal esophagus to the gastroesophageal junction, into the stomach, to the pylorus, into the duodenum. The first three parts of the duodenum were examined and were normal in appearance. The instrument was pulled back into the stomach. The entire mucosa of the stomach was examined and was normal in appearance with the exception of some mild antral gastritis. Biopsies were done to exclude Helicobacter. The instrument was then pulled back into the esophagus. Again the distal esophagus appeared normal. The ora serrata was well formed. There was no hiatal hernia. There was no evidence of any varices. The patient has a notable history of cirrhosis. The instrument was then gradually removed, decompressing the stomach and the esophagus as it was removed. The patient tolerated the procedure well.


GARY ANDERSON, D.O.

D: 04/15/2005 0757
T: 04/19/2005 1013
GLA:sln

SURGICAL PATHOLOGY CONSULTATION
HAMOT MEDICAL CENTER LABORATORY
 Pathology Associates of Erie, Inc.
 201 State Street
 Erie, PA 16550
 (814) 877-2241

Name: **MOSHIER, DONALD**
 Surgical#: **02-SP-05-05760**
 Referring Physician: **ANDERSON, GARY L., DO**
 Location: **KANE**

Med Rec #: (00002) 528781
 Hospital #: 000000250430766
 SS#:
 DOB: 08/18/61
 Age/Sex: 43 YRS M

Procedure Date: 04/15/05
 Date Received: 04/18/05
 Date Printed: 04/18/05

RE-OP DIAGNOSIS:

Mid-epigastric pain

PROCEDURE:

Biopsy

PECIMEN:

Antrum

CROSS DESCRIPTION:

Received in formalin, labeled with the patient's name and "antrum", are two fragments of soft light tan tissue measuring 0.4 x 0.2 x 0.2 cm. in aggregate. The specimen is entirely submitted in one cassette.

BAM/jet

MICROSCOPIC DESCRIPTION:

Performed and confirms final diagnosis.

DIAGNOSIS:

Gastric antrum, mucosal biopsies:

Gastric mucosa, no active gastritis, intestinal metaplasia or malignancy identified.

No H. pylori micro-organisms identified by special stain.

P1

DLK/jet

Report Diagnosed By: DAVID L. KLAWON, MD
 Report Verified By: DAVID L. KLAWON, MD
 (Electronic Signature)
 Verified Date: 04/18/05

PHYSICIAN:
 KANE COMMUNITY HOSPITAL LAB
 N. FRALEY ST. PO BOX 778
 KANE
 PA 16735-

Copies to: GARY L. ANDERSON, DO

000344

Created on: 04/22/05 1123

Bradford Regional Medical Ctr

10924-052

Page 1 of 1

Patient: **MOSHIER, DONALD**
 Acct#: **V04546554**
 Unit#: **M000226525**

Age/Sex: **43/M**
 DOB: **08/18/1961**
 Physician: **Graham, Nathaniel MD**

Location: **4 EAST**
 Rm/Bed: **446A-1**

Specimen # **S05-1355**Received: **04/20/05 - 1237**Specimen Type: **SURGICAL****MEDICAL CODES**CODES: **T-63000 - Gallbladder****COPIES TO**

Graham, Nathaniel MD
 300 Hooker Fulton Bldg
 Bradford, PA 16701
 (814)368-7125

Miskiel, Edward J MD
 116 Interstate Parkway
 Bradford, PA 16701
 (814)362-8425

PTH PROCEDURES COMPLETEPROCEDURES: **HE STAIN (04/20/05-1238)****SPECIMEN/LOCATION****TISSUES:**

Gallbladder - Gallbladder

*Specimen received
 11-08-05
 HCN
 Grossed
 11-08-05*

GROSS DESCRIPTION

The specimen received in formalin consists of previously opened gallbladder, measuring 10 x 4 x 3.5 cm with an oval transmural defect; measuring 1.7 x 1.5 cm in the fundus. The lumen contains small amount of reddish-brown bile and blood clots. No stones are identifiable. The wall is rubbery, edematous, thickened, varying from 0.3 to 0.8 cm in maximum thickness with focal hemorrhage, edema and congestion. Representative sections are submitted.

MICROSTUDY DIAGNOSIS**000345**

Gallbladder:
Acute cholecystitis.

DATE OF OPERATION

04-19-05

PROCEDURE

Open Cholecystectomy

PRE-OPERATIVE DIAGNOSIS

o

Severe Cholecystitis

Signed _____ SYED ALLY, MD 04/22/05
<signature on file>

MOSHIER, DONALD A#V04546554 DOB: 08/18/1961

000346

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, Pa 16701

Department of Medical Records

Patient: MOSHIER, DONALD	Medical Record #: M000226525	Acct #: V04546554
DOB: 08/18/1961	Age: 43	Sex: M
Admitting MD: Graham, Nathaniel MD	Room/Bed: 446A-1	Location: 4EAST
Admit Date: 04/18/05	Discharge Date: 04/27/05 / 1347	

DISCHARGE SUMMARY

DISCHARGE DIAGNOSIS: Severe acute cholecystitis with signs of gangrene at the gallbladder clinically.

PROCEDURE: Open cholecystectomy.

HISTORY: See HP.

HOSPITAL COURSE: The patient was brought to the hospital and given intravenous fluids and antibiotics in an attempt to cool down his cholecystitis. This was unsuccessful, and he required emergent operation. Because of the amount of guarding and expected amount of inflammation, it was planned as an open procedure which was carried out without complications. He recovered very well, particularly considering his comorbidities including hepatitis C with cirrhosis. He improved gradually. JP drain was left in for 5 days. Kept on Zosyn as an antibiotic. He is now eating regular food. The incision is healing well. He has been having some diarrhea in the last 24 to 48 hours. It appears to be related to his antibiotics. We will get a stool titer for C. difficile. Started him on acidophilus, and I have discussed with Dr. _____ at FCI McKean. He has now been in the hospital for 8 postop days and is ready to be discharged, and he will be followed by the physicians at FCI McKean.

PROGNOSIS: Good in the short term for his cholecystitis. Guarded for his hepatitis.

Job#: 4560034 / 891280

Signed By: _____

Graham, Nathaniel MD

GRAHNA/PRECYSE
DDT: 04/27/05 0911
TDT: 04/27/05 2159
Report Number: 0427-0062
cc:
FCI MCKEAN
Graham, Nathaniel MD

Bradford Regional Medical Center
 116 Interstate Parkway
 Bradford, Pa 16701

Department of Medical Records

Patient: MOSHIER,DONALD	Medical Record #: M000226525	Acct #: V04546554
DOB: 08/18/1961	Age: 43	Sex: M
Attending MD: Graham,Nathaniel MD 4EAST		Location:
Date of Service: 04/18/05		

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Acute surgical abdomen with acute cholecystitis, possible gangrenous cholecystitis.

POSTOPERATIVE DIAGNOSES:

1. Gangrenous cholecystitis with intrahepatic gallbladder.
2. Cirrhosis from hepatitis C.

PROCEDURE: Open cholecystectomy.

SURGEON: Nathaniel L. Graham, MD

ANESTHESIA: General.

FINDINGS: The gallbladder was densely edematous, thickened, and obviously inflamed. It could not be grasped because of the tension. Therefore, trocar was used to aspirate the gallbladder. Cultures of the gallbladder were taken. Inside of the gallbladder was necrotic, and this necrosis extended down to the biliary duct system. The gallbladder was 50% intrahepatic in a hard macronodular cirrhotic liver. The liver could not be moved to manipulate easily, and the base of the gallbladder and the intrahepatic portion was difficult to access and carve out. Therefore, the gallbladder was removed as much as possible, and a small portion of the base left intrahepatically and the Bovie at 80 W used to destroy the gangrenous tissue. At the end of the procedure, Surgicel was placed over this for completion of hemostasis and _____ drain placed along this area to suction the debris. The triangle of Calot was edematous from chronic and acute inflammation. With disruption of all tissue planes, careful dissection was made from the top down along the gallbladder to the base of the gallbladder, and 2 branched arteries impinging on the gallbladder divided with Hemoclips and a single very thickened cystic duct identified, divided off the gallbladder over a clamp, and then opened in the inside and examined, while the outer portion of the cystic duct was pink, inflamed, but not gangrenous. The inner mucosa was black with the appearance of gangrene. This was ligated carefully with a 0 silk tie and then 3 Hemoclips placed distal to the tie for markings should future exploration be required in this very difficult case.

DETAILS OF PROCEDURE: The patient was brought to the operating room and identified by myself as Donald Moshier. He was placed on the operating table in supine position. After induction of anesthesia and endotracheal intubation, the nasogastric tube and Foley catheter were placed and the abdomen prepped with Betadine and draped with sterile linen. Right subcostal incision was performed 2 fingerbreadths below the costal margin, carried through the skin with a knife and deep tissues with electrocautery. The anterior fascial sheath was incised and then a muscle-sparing incision performed dissecting the fascia from the muscles superiorly and inferiorly, retracting the muscle medially and laterally with Bookwalter retractor system exposing the deep muscular fascial layers. These were divided underneath the rectus muscle with electrocautery and the abdomen entered without injuring intra-abdominal contents. The bowel was packed inferiorly over rolled moistened gauze packs using the Bookwalter system exposing the edematous gallbladder. Trocar was

000348

used to aspirate the gallbladder and then the opening was grasped with a Kocher clamp and the electrocautery used to dissect the plane between the liver and the gallbladder. This was quite difficult because of the firm edema and gangrenous nature of the tissues. The gallbladder was dissected as much as possible. Small portions of the posterior bed could not be even removed from the gallbladder angles such that visualization was difficult. The liver on palpation was firm and not easily mobile, and several attempts to angulate this for deeper exposure would result in cracking this macronodular cirrhotic liver. Therefore, the gallbladder was removed where it could be placed on appropriate tension and the remainder of the base per liver bed destroyed with electrocautery. A pack was placed in the liver bed, and sweetheart retractor used to elevate this gently, and the rest of the gallbladder dissected down to the infundibulum. At this point, several branches of the hepatic artery were identified impinging into the gallbladder. These were 1.5- to 2-mm size and were divided over Hemoclips. Gallbladder was carefully skeletonized using right-angle clamps and Kitner dissector down to a single thickened widened cystic duct. External edematous diameter was approximately 5 mm. This was divided over clamps and ligated. Internal diameter was approximately 2.5 mm to 3 mm. The inner wall was black. The gallbladder was removed to specimen. Packs were placed and then removed after 5 minutes and the gallbladder bed reinspected. Cautery was used to obtain hemostasis and then a Surgicel over sponge placed with pressure on the liver bed for 5 minutes and then sponge removed and hemostasis was complete. Surgicel was then placed over the cystic duct and vascular stumps. The common duct itself appeared to be very deep within more edematous friable infected tissue just below the 7 to 8 mm cystic duct stump. After ligating the cystic duct with 0 silk tie, 3 distal Hemoclips were placed and retractors removed. The gallbladder bed was irrigated with saline and dried. A #10 Jackson-Pratt drain was placed along the gallbladder bed in the liver and into the Morrison pouch brought through a lateral incision. The abdomen was closed in layers using #1 PDS. The skin was closed with staples. Drain was sutured to the skin with 3-0 nylon. Sterile dressings were placed to the wound. The patient tolerated the procedure well.

Job#: 4520167 / 285865

Signed By: _____

Graham, Nathaniel MD

GRAHNA/PRECYSE
DDT: 04/19/05 1627
TDT: 04/20/05 1306
Report Number: 0421-0012
cc:
Graham, Nathaniel MD

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, Pa 16701

Department of Medical Records

Patient: MOSHIER, DONALD	Medical Record #: M000226525	Acct #: V04546554
DOB: 08/18/1961	Age: 43	Sex: M
Attending MD: Graham, Nathaniel MD 4 EAST		Location:
Date of Service: 04/18/05		

HISTORY AND PHYSICAL

CHIEF COMPLAINT: Acute cholecystitis.

HISTORY: This is a 43-year-old white male who is an inmate at FCI McKean. He has a history of hepatitis C and has been on interferon now for some time, but having some difficulties. Recently, he began having abdominal pain and over the last 3 weeks, this pain which was initially only in the right upper quadrant and after meals became more severe and long lasting, and it is now constant. The pain is becoming more diffuse. Last week, he was referred to the Kane Hospital, underwent medical workup including ultrasound, CT, and apparently an EGD. He was diagnosed with acute cholecystitis, given some antibiotics, had some improvement, and went back to FCI McKean. Over the last day or so, he has been getting much worse clinically. His LFTs have actually looked better than they were before when he was at the height of his problems with hepatitis C. He is having more distress and was referred for surgical evaluation.

PAST MEDICAL HISTORY: Low back pain and hepatitis C.

MEDICATIONS:

1. Interferon 180 micrograms 1 weekly.
2. Ribavirin 600 milligrams b.i.d.
3. Lactulose 1 tablespoon b.i.d.
4. Zantac 150 daily.
5. Omeprazole 20 milligrams daily.
6. Albuterol inhaler 2 puffs q.i.d.
7. Doxycycline 10 milligrams p.o. b.i.d.

PAST SURGICAL HISTORY: Appendectomy, left knee surgery, and liver biopsy.

FAMILY HISTORY: Remarkable for cancer, emphysema, diabetes, and hypertension in his father and diabetes in his mother.

SOCIAL HISTORY: The patient used to smoke, but quit. He is separated and has 4 children.

REVIEW OF SYSTEMS: Denies any depression, anxiety, or psychiatric problems. Eyes: Denies any blurry vision or pain behind the eyes. Ears: Decreased hearing acuity or tinnitus. LUNGS: Denies any shortness of breath or coughing, but does have some dyspnea when he is in abdominal pain. GI: No nausea or vomiting today. He has had some diarrhea over the last week. GU: No burning or urination frequency or nocturia or decreased force of stream. ORTHOPEDIC: No active problems.

PHYSICAL EXAMINATION:

GENERAL: The patient is a tall, large-boned, muscular man who appears older than stated age. He has long, coarse, gray-white hair, and full beard.

HEENT: Ears, eyes, nose: No lesions.

NECK: No adenopathy.

LUNGS: Clear, but he is splitting his respiration with abdominal pain.

000350

HEART: Regular rate with no murmurs.

ABDOMEN: Firm with guarding in the right upper quadrant. Some tenderness, but without guarding throughout the rest of the abdomen.

EXTREMITIES: Unremarkable.

LABORATORY DATA: White count is 4.9, which is elevated for him. My discussions with Dr. _____ revealed that his white count normally is 1.8, hemoglobin is 13.7, and hematocrit is 39.6. Chemistries show bilirubin of 1.5, AST of 44, ALT of 85, alkaline phosphatase is 70. These numbers are way down from his highs previously according to Dr. _____. Glucose is 153 and electrolytes are satisfactory. I obtained some reports from Kane Hospital. These showed an ultrasound with thickened gallbladder wall up to 10 mm consistent with acute cholecystitis and 4-mm common bile duct. EKG normal. CT scan showed normal pancreas, thickened edematous gallbladder consistent with acute cholecystitis, and no biliary duct dilatation. CT of the chest was normal. Numbers there showed a white count of 2.4, hemoglobin 12.9, and hematocrit 37.

IMPRESSION: Acute cholecystitis.

PLAN: Admit, IV fluids, bowel rest, and antibiotics. If he does not rapidly improve, I think he should be explored and this would be best done through an open cholecystectomy. Risks are quite high in this patient with active hepatitis C. With a high-risk mortality for any abdominal operation, we will try to treat him medically; however, he would most likely require operation.

Thank you for the referral.

Job#: 4520101 / 285842

Signed By: _____

Graham, Nathaniel MD

GRAHNA/PRECYSE
DDT: 04/19/05 1619
TDT: 04/20/05 1040
Report Number: 0420-0029
cc:
FCI MCKEAN
Graham, Nathaniel MD

RUN DATE: 10/25/05 - 1154

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Bradford Regional Medical Center
 116 Interstate Parkway
 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900
SPEC #: 0418:H00138S	COLL: 04/18/05-1338	STATUS: COMP
	RECD: 04/18/05-1339	REQ #: 00017235
Test	Result	Flag Reference Site
CBC		
WBC	4.9	4.8-10.8 K/mm3
RBC	4.28	4.70-6.10 M/uL
HH		
HGB	13.7	L 14.0-18.0 gm/L
HCT	39.6	L 42.0-52.0 %
MCV	92.5	80.0-94.0 fL
MCH	31.9	H 27-31 pg
MCHC	34.5	33-37 g/dL
RDW	15.3	H 11.5-14.5 %
PLATELET COUNT	100	L 130-400 K/mm3
MPV	9.4	H 7.3-9.3 fL
ADIFF		
NEUTROPHILS	90.4	H 40-74 %
LYMPHOCYTES	3.8	L 19-48 %
MONOCYTE	4.2	3-9 %
EOSINOPHIL	0.9	0-7 %
BASOPHIL	0.1	0-2 %
LUC	0.6	0-4 %
MANUAL DIFF		
NEUTROPHILS	89.0	H 40-74 %
BAND	4.0	3-5 %
LYMPHOCYTES	4.0	L 19-48 %
MONOCYTE	3.0	3-9 %

** END OF REPORT **

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